

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only

72817

County of Georgetown

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Georgetown

or  
Inc. Town of Georgetown

Registration District No. 21-a

Registered No. 70

or  
City of Georgetown

(For use of Local Registrar)

(No. 218 Highmarket St. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosa Funnery

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Sidney Funnery

(14) NAME BEFORE MARRIAGE Sarah Gault

(9) PRESENT POSTOFFICE OF FATHER Georgetown

(15) PRESENT POSTOFFICE OF MOTHER Georgetown

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Waccamaw

(18) BIRTHPLACE Waccamaw

(13) OCCUPATION Common Laborer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5-A on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mrs. Betty Funnery Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....

(27) Filed Dec 6 1916 (28) W. W. W. W. Local Registrar

..... Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.