

(1) PLACE OF BIRTH

County of RichlandTownship ofor Inc. Town ofCity of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Buy Rollins Compton(3) BOY OR GIRL 15

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) June 27 1923

(8) FULL NAME

Rollins Compton

(9) PRESENT POSTOFFICE OF FATHER

Vienna S.C.(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY

4 2
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born June 27 1923 A.M. or P.M. on the date above stated.(23) (Signature) Rollins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness need only when question 23 is signed by mother)

(27) Filed

19

(28) Local Registrar

(The father, householder, etc., should take the return)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3704

File No. - For State Registrar Only

18852

Registered No. 69
(For use of Local Registrar)

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.
 OF COLORADO, COLORADO, S. C.