

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
28841

(1) PLACE OF BIRTH

County of Anderson
Township of Pendleton
or
Inc. Town of Autumn
or
City of 1

Registration District No. 310

Registered No. 97
(For use of Local Registrar)

(No. 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 Gerth Hughes Rochester

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 24 2
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O.C. Rochester
(9) PRESENT POSTOFFICE OF FATHER Autumn SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 18
(12) BIRTHPLACE Pendleton SC
(13) OCCUPATION Textile operator
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian O'Bar
(15) PRESENT POSTOFFICE OF MOTHER Autumn, SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Anderson, SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 a. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) O.C. Rochester
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pendleton SC

Given name added from a supplemental report

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

(27) Filed Oct 13 1922 (28) H. H. Seawright Local 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.

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