

(1) PLACE OF BIRTH

County of GreenvilleTownship of Caneah

Inc. Town of

City of

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

(2) Full Name of Child Grace Rollins

File No.—For State Registrar Only

4100

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2213Registered No.
(For use of Local Registrar)

St. Ward

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

3. BOY OR
GIRL girl4. Twin
or Triplet
To be answered only in event of Twin or Triplet5. Number in
order of birth6. Are
Parents
Married yes7. DATE OF
BIRTH Feb 6 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME W. C. Rollins9. PRESENT
POSTOFFICE
OF FATHER Greenville, S.C. R 310. COLOR
OR
RACE White11. AGE AT LAST
BIRTHDAY 38
(Year)12. BIRTHPLACE S.C.13. OCCUPATION Farming14. Number of children born to
mother, including present birth 18

MOTHER.

15. NAME BEFORE
MARRIAGE Bessie Wilbanks16. PRESENT
POSTOFFICE
OF MOTHER Greenville, S.C. R 317. COLOR
OR
RACE White18. AGE AT LAST
BIRTHDAY 32
(Year)19. BIRTHPLACE S.C.20. OCCUPATION Housewife21. Number of children of this mother
now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Dickerson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville S.C. R 3Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed (28) Local Registrar.

When there is an 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.