

(1) PLACE OF BIRTH

County of Anderson
 Township of Rehoboth
 or
 City of

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

14534

Registration District No. 270 Registered No.
 (For use of Local Registrars)
 (No. 34 St. Candler Ward)

(2) Full Name of Child R. L. Fletcher If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD Girl (b) Type of Birth Normal (c) Number in order of birth 1 (d) Date of Birth Jan 20, 1911

FATHER.
 (1) FULL NAME Thomer Fletcher
 (2) PRESENT RESIDENCE OF FATHER Rehoboth
 (3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY X (Year)
 (5) BIRTHPLACE Candler
 (6) OCCUPATION Farming
 (7) Number of children born to mother, including present birth 1 1/2

MOTHER.
 (1) FULL NAME Rosa Fletcher
 (2) PRESENT RESIDENCE OF MOTHER Rehoboth
 (3) COLOR OR RACE Colored (4) AGE AT LAST BIRTHDAY X (Year)
 (5) BIRTHPLACE X
 (6) OCCUPATION Farming
 (7) Number of children of this mother now living, including present birth 1 1/2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (28) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date of birth Jan 20, 1911
 (29) (Signature) Mary Mack Spivey
 (30) State where Physician or Midwife Rehoboth
 (31) Address of Physician or Midwife Rehoboth
 (32) Witness (Signature of Witness) Wm. M. Spivey
 (33) State where Witness Rehoboth
 (34) Address of Witness Rehoboth
 (35) Given name added from a supplemental report
 (36) Registrar J. M. Spivey

*When there was no attending physician or midwife, then the father, mother, 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.