

(1) PLACE OF BIRTH

County of Anderson
 Township of Broadway

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

62976

Registration District No. 301 Registered No. 6-3
 (For use of Local Registrar)
 St.: Ward:
 (No. R. I. D. #)

(2) Full Name of Child Rosella Bogeman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 6th, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Issie Bogeman

(9) PRESENT POSTOFFICE OF FATHER Belton, S.C. R. I. D. 2

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Robinson

(15) PRESENT POSTOFFICE OF MOTHER Belton, S.C. R. I. D. 2

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Belton, S.C.

(19) OCCUPATION Housewife

(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 11:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. G. Ladd, M.D. (25) Address of Physician or Midwife Belton, S.C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

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 Registrar

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

(27) Filed July 10, 1916 (28) W. L. L. Smith, M.D. 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.
 WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 5.