

MAILED NOVEMBER 1919  
STATE PLANTER, WITH EXPENSES OF THE STATE, IS A PERMANENT RECORD  
OF THE BIRTH OF EVERY CHILD BORN IN THE STATE OF SOUTH CAROLINA. THE NAME OF THE CHILD, THE DATE OF BIRTH, AND THE PLACE OF BIRTH, ARE THE ONLY INFORMATION REQUIRED FOR THE RECORD. THE OTHER INFORMATION, NO. 5, ETC., IN QUESTION 6, IS FOR THE RECORD OF THE STATE OF SOUTH CAROLINA, S. C.

(1) PLACE OF BIRTH

County of Lee  
Township of Turkey Creek  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**39227**

Registration District No. 3077. Registered No. 55  
(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 Anna Margaret Rollins 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 — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 14, 1925  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clavin S. Rollins  
(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C. U.S.A.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Erie Galloway  
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE S.C. U.S.A.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Watkins  
(24) State Physician or Midwife (25) Address of Physician or Midwife Lucas, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 1st 1925 (28) John Jones 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.