

(1) PLACE OF BIRTH

County of York
Township of Bullhook Creek
or
In Town of.....
or
City of.....

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

34255

Registration District No. 44.2.3 Registered No. 50
(For use of Local Registrar)

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

(2) Full Name of Child J. P. Roseborough If child is not yet named, make supplemental report as directed

Sex Boy Age 25 Number of children Yes Date of Birth Sept 12, 1923

FATHER
(1) Name Ernest Roseborough
(2) Address Bullhook Creek, S.C.
(3) Color Black (4) Age at last birthday 25
(5) Birthplace York Co. S.C.
(6) Occupation Farmer
(7) Number of children born to mother, including present birth 2

MOTHER
(1) Name before marriage Mary Johnson
(2) Address Bullhook Creek, S.C.
(3) Color Black (4) Age at last birthday 23
(5) Birthplace York Co. S.C.
(6) Occupation Housewife
(7) Number of children of the 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 on the date above stated. (Born alive or stillborn) (Day, M. or P. M.)

(23) (Signature) James M. Maggs
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Bullhook Creek, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother) W. E. Mitchell
(27) Filed Oct 15, 1923 (28) 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.