

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Woodruff
 or Town of Woodruff
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37787

Registration District No. 4009 Registered No. 120

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

(3) SEX OR CHILD? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 12 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Natie Rookard

(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Laundry

(14) Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Carrie Cheeka

(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Diana Shelton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Woodruff S.C.

Give name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Nov 25 1923 (28) Chas. L. Boyter 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.

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