

(1) PLACE OF BIRTH

County of Spartanburg
Township of Madison
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79441

Registration District No. 403 Registered No. 918
(For use of Local Registrar)

City of (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 Rose Cummings (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? no (7) DATE OF BIRTH May 6, 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.
(8) FULL NAME ?
(9) PRESENT POSTOFFICE OF FATHER ?
(10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY ? (Years)
(12) BIRTHPLACE ?
(13) OCCUPATION ?
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Rhett Cummings
(15) PRESENT POSTOFFICE OF MOTHER Wedgefield S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Labourer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wedgefield S.C.

Given name added from a supplemental report

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

(27) Filed 5/11/16 (28) M. J. Park Local Registrar

*When there was no attending physician or midwife, 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.