

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

File No.—For State Registrar Only

40875

Registered No. 117
(For use of Local Registrar)(2) Full Name of Child *Fred David Rooney*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

12.31.22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. L. Rooney

(9) PRESENT POSTOFFICE OF FATHER

Pullerton, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Floyd Co. Ga.

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Flossie Morris

(15) PRESENT POSTOFFICE OF MOTHER

Pullerton, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

And. Co., 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 *Alma* at *3:30 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. C. Foster*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pullerton, 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 *Jan 10 1923*(28) *H. N. Seawright*

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.

Form No. 1. This form is to be filled out for each child, and made the basis for the birth record. See instructions on page 2, etc., in question 5.