

(1) PLACE OF BIRTH

County of CharlestonTownship of HInc. Town of 

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

61630

Registration District No. 1102 Registered No. 66

(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 Mary Abby Rock If child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1st (6) Are Parents Married (7) DATE OF BIRTH July 21 1916  
To be answered only in case of Twins or Triplets Name of Month (Day) (Year)

## FATHER.

8) FULL NAME Mary Abby Rock9) PRESENT POSTOFFICE OF FATHER Chester, S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Chester Co. S.C.13) OCCUPATION Miss operator14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Tritt(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Blufffield, W.Va.(19) OCCUPATION House wife(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 Alive at 8:30 P. M., on the date above stated. (Born Alive or stillborn) (Hour, M. or P. M.)(23) (Signature) A. H. Love, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 22 is signed by mark)

(27) Filled

(28)

Local Registrar

Registrar

\*When there was no attending physician or midwife, when 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.