

(1) PLACE OF BIRTH

County of CharlotteTownship of Charlotte

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1206No. - For this registration
720Registered No.
(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 Mary Roushelt

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

(a) SEX <u>girl</u>	(b) AGE <u>2</u>	(c) DATE OF BIRTH <u>Jan 9 1923</u>
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FATHER

(1) NAME Edd Roushelt(2) NAME Roushelt(3) COLOR White (4) AGE 37(5) OCCUPATION Self(6) OCCUPATION Farmer(7) NUMBER OF CHILDREN OF THIS MOTHER 3

MOTHER

(1) NAME Mamie Roushelt(2) NAME Roushelt(3) COLOR White (4) AGE 27(5) OCCUPATION Self(6) OCCUPATION House wife(7) NUMBER OF CHILDREN OF THIS MOTHER 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Stillborn or F. B.)(29) (Signature) S. L. Roushelt(30) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(31) Witness

(Signature of Witness necessary only when question 31 is signed "None")

(32) Filed Jan 10 1923(33) Thurman

*When there was no attending physician or midwife, then the father, householder, etc., should report. 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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