

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63215

(1) PLACE OF BIRTH
 County of Beaufort
 Township of St. Helena
 or
 Inc. Town of

Registration District No. 604 Registered No. 84
 (For use of Local Registrar)
 City of 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. Jesse Rogum } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
--------------------------------	---	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Don't know

(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 Matilda Rogum

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farmer

(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 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jesse Rogum

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Rogum SC

Given name added from a supplemental report

(26) Witness A. J. Daniel
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 10, 1916 (28) Thos. H. Proctor
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCray of Columbia.