

4. 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.

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of Spthg.
 (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

File No.—For State Registrar Only
32147

Registration District No. 42-A Registered No. 440
 (For use of Local Registrar)
 (No. 130 Miss St. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Rowland Paul Purser

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1
 To be answered only in case of Twins or Triplets 6) Are Parents Married? Yes 7) DATE OF BIRTH 9 12 22
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME John Purser
 9) PRESENT POSTOFFICE OF FATHER City
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 24
 (Years) 12) BIRTHPLACE S.C.
 13) OCCUPATION Miss work
 20) Number of children born to mother, including present birth 1

MOTHER.
 14) NAME BEFORE MARRIAGE Ruby Giles
 15) PRESENT POSTOFFICE OF MOTHER City
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 17
 (Years) 18) BIRTHPLACE N.C.
 19) OCCUPATION Housewife
 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 at. 3 30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour of Day or P. M.)
 (23) (Signature) At. C. C. C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
M. B. St. M. D.
6/14/23 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10-1- 19 22 (28) Jas Copes 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.