

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

File No.—For State Registrar Only

40878

Registration District No. 311

Registered No. 65
(For use of Local Registrar)

(2) Full Name of Child Rosa Mae Cowan

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF

BIRTH Dec 4 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Walls

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary See Cowan

(15) PRESENT POSTOFFICE OF MOTHER

Starr S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

15

(Year)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

farmer

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

1 one

(21) Number of children of this mother now living, including present birth

1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sizzie Bosman

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Starr S.C. Rte 2

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 7 1922

(28) J. A. Jolly

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.