

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

| (1) PLACE OF BIRTH | | COUNTY OF <u>Abbeville</u> | | TOWNSHIP OF <u>Abbeville</u> | | INC. TOWN OF <u>Abbeville</u> | | CITY OF <u>Abbeville</u> | | REGISTRATION DISTRICT NO. <u>1-17</u> | | REGISTERED NO. <u>24</u> | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-------------------------------------|--|---------------------------------------|--|---------------------------------------|--|--------------------------|--|
| <p align="center">CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. DEPARTMENT OF VITAL STATISTICS BUREAU OF HEALTH</p> | | | | | | | | | | | | | |
| <p align="right">File No.—For State Registrar Only 50835</p> | | | | | | | | | | | | | |
| <p>(2) Full Name of Child <u>George Viananda Rosenberg</u> If child is not yet named, make supplemental report as directed</p> | | | | | | | | | | | | | |
| (3) BOY OR GIRL? <u>Boy</u> | | (4) Twin or Triplet? <u>No</u> | | (5) Are Parents Married? <u>Yes</u> | | (6) DATE OF BIRTH <u>March 27</u> | | (7) (Name of Month) (Day) (Year) | | | | | |
| <p align="center">FATHER.</p> | | | | | | | | | | | | | |
| (8) FULL NAME <u>Sgt. H. Rosenberg</u> | | (9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u> | | (10) COLOR OR RACE <u>White</u> | | (11) AGE AT LAST BIRTHDAY <u>29</u> | | (12) BIRTHPLACE <u>Abbeville S.C.</u> | | (13) OCCUPATION <u>Merchant</u> | | | |
| <p align="center">MOTHER.</p> | | | | | | | | | | | | | |
| (14) NAME BEFORE MARRIAGE <u>Octavia Hardy Schwain</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u> | | (16) COLOR OR RACE <u>White</u> | | (17) AGE AT LAST BIRTHDAY <u>24</u> | | (18) BIRTHPLACE <u>Sumter S.C.</u> | | (19) OCCUPATION <u>Housewife</u> | | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | (21) Number of children of this mother now living, including present birth <u>2</u> | | | | | | | | | | | |
| <p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> | | | | | | | | | | | | | |
| <p>(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:45 a.m.</u> on the date above stated. (Hour A. M. or P. M.)</p> | | | | | | | | | | | | | |
| (23) (Signature) <u>M. A. V. V. V.</u> | | (24) State whether Physician or Midwife <u>Physician</u> | | (25) Address of Physician or Midwife <u>Abbeville S.C.</u> | | | | | | | | | |
| <p>Given name added from a supplemental report</p> | | | | <p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> | | | | | | | | | |
| <p>....., 191.....</p> | | | | <p>(27) Filed <u>Mar. 31 1916</u> (28) <u>T. P. P.</u> Local Registrar.</p> | | | | | | | | | |

*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.

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