

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

File No.—For State Registrar Only
43644

(1) PLACE OF BIRTH
County of Laurens
Township of
or
Inc. Town of Laurens
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No- 29-2 Registered No. 14
(For use of Local Registrar)
St.: Ward:

(2) Full Name of Child Rookie B. Andrews } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Yes Parents Married? (7) DATE OF BIRTH Jan 18 1906
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Will Andrews

(14) NAME BEFORE MARRIAGE Luie Arnold

(9) PRESENT POSTOFFICE OF FATHER Laurens S C

(15) PRESENT POSTOFFICE OF MOTHER Laurens S C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Greenwood S C

(18) BIRTHPLACE Greenwood Co S C

(13) OCCUPATION Reverend

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rochie Maulstrode

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens S C

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Jan 10 6 191... (28) Orlando
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.

WRITED PLAINLY WITH CAPITALS WITH SPACES BETWEEN WORDS. 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 3.