

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. or Town of LaurensCity of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43644

Registration District No. 29-2 Registered No. 14

(For use of Local Registrar)

City of Laurens (No. 14 St.; 14 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Rochie B. Andrews } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1906
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Will Andrews(9) PRESENT POSTOFFICE OF FATHER Laurens S C(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Greenwood S C(13) OCCUPATION Locomotive Engineer(14) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Lennie Arnold(15) PRESENT POSTOFFICE OF MOTHER Laurens S C(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Greenwood Co S C(19) OCCUPATION House work(20) 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 B. Andrews

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Laurens S C

Given name added from a supplemental report

(26) Witness Orkney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 18 1906 (28) Orkney
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.

WRITING PLAINLY. WITH "PARENTS" USE—THIS IS A SUPPLEMENTAL REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT. NO. 2, ETC., IN QUESTION 8. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 8.