

## (1) PLACE OF BIRTH

County of Flambee  
 Township of Flambee  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. — For State Registrar Only  
4145

Registration District No. 2009 Registered No. 9  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Are Parents Married? Yes (7) DATE OF BIRTH 2/11/1922  
 To be answered only in event of Twins or Triplets (Name, Month, Day, Year)

FATHER: (14) NAME BEFORE MARRIAGE Adg. Rosala McC

(15) PRESENT POSTOFFICE OF FATHER Scranton

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
 (Years) (Years)

(18) BIRTHPLACE Lake City

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth 3

(22) Number of children born to mother, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 304 St. on the date above stated. (Residence or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. D. R. R. R.

(24) State whether, Physician or Midwife Physician (25) Address of Physician or Midwife Rock City, SC

Given name added from a supplemental report

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

(27) Filed 2/15/1922 (28) R. R. R. 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.