

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of

City of Charlotte

(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

80604

Registration District No. 9A Registered No. 1207

(For use of Local Registrar)

(No. 15 Tracy St. St. ... Ward ...)(2) Full Name of Child Rosalie Flatman { If child is not yet named, make supplemental report as directed

(1) SEX GIRL?	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 30 1916</u> (Name of Month) (Day) (Year)
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FATHER

(1) FULL NAME Mark Flatman(2) PRESENT POSTOFFICE OF FATHER 15 Tracy St.(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 45 (Years)(5) BIRTHPLACE Charlotte S.C.(6) OCCUPATION Electrician(7) Number of children born to mother, including present birth. 5th

MOTHER

(1) NAME BEFORE MARRIAGE Minnie Maxwell(2) PRESENT POSTOFFICE OF MOTHER 15 Tracy St.(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 28 (Years)(5) BIRTHPLACE N.C.(6) OCCUPATION House wife(7) Number of children of this mother now living, including present birth. 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Sarah E. Jones Michels(24) State whether Physician or Midwife (25) Address of Physician or Midwife 10 R A Chas

Given name added from a supplemental report

(26) Witness John A. Stehr (Signature of witness necessary only when question 12 is signed by mark)(27) Filed 11/4/16 (28) Local Registrar

When there was no attending physician or midwife, then the father, brother, 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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