

(1) PLACE OF BIRTH

County of AndersonTownship of Belton S.C.or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Virginia RolisonIf child is not yet named, make
supplemental report as directed

(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 40 (6) Age of child 7 (7) DATE OF BIRTH Jan 7, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Emek James Rolison(9) PRESENT RESIDENCE OF FATHER Belton S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth SevenMOTHER
(14) NAME BEFORE MARRIAGE Mary Louise Carol(15) PRESENT RESIDENCE OF MOTHER Belton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Acme Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 4:40 P. M., on the date above stated. (Deceptive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. Samuel M. M. (23) State whether Physician or Midwife (24) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(26) Filed Feb 2 1923 (27) J. J. Acers 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.

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