

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley...
 Township of Eutaw...
 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

6669

Registration District No. 218 Registered No. 43
 (For use of Local Registrar)

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

(2) Full Name of Child Hecta Rawlinson 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 March 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Rawlinson

(9) PRESENT POSTOFFICE OF FATHER Cross, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Berkeley Co.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Compasser Marion

(15) PRESENT POSTOFFICE OF MOTHER Cross, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Berkeley Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 night
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Owens (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

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

(27) Filed March 22, 1922 A. W. Cross
 Registrar 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.

WHILE FILLING IN THIS CERTIFICATE, THE REGISTRAR SHOULD BE PRESENT TO SEE THAT IT IS CORRECTLY FILLED IN. IN CASE OF TWINNING OR TRIPLET BIRTHS, A SEPARATE REPORT SHOULD BE MADE FOR EACH CHILD, AND MARK THE FIRST CHILD, No. 1, THE OTHER, No. 2, etc., IN QUESTION 5.

RECEIVED AT COLUMBIA, S. C.