

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK
CHILD

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF LIVE BIRTH

139-22-050672

BIRTH NUMBER

CHILD—NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (Mo., Day, Yr.) HOUR
1. WILLIAM B. ROLLINS 2. M 3a. Nov. 24, 1922 3b. M

HOSPITAL—NAME (If not in hospital, give street and number) CITY, TOWN OR LOCATION OF BIRTH COUNTY OF BIRTH
4a. 4b. 4c. Spartanburg

I certify that the stated information concerning this child is true to the best of my knowledge and belief. DATE SIGNED (Mo., Day, Yr.) NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
5a. 5b. 5c.

CERTIFIER—NAME AND TITLE (Type or print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
5d. 5e.

REGISTRAR DATE RECEIVED BY REGISTRAR (Month, Day, Year)
6a. Doris M. Byars 6b. Oct. 26, 1978

MOTHER—MAIDEN NAME FIRST MIDDLE LAST AGE (At time of this birth) STATE OF BIRTH (If not in U.S.A., name country)
7a. Laura Mae Seay 7b. 40 7c. S. C.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER OF RESIDENCE INSIDE CITY LIMITS (Specify yes or no)
8a. S. C. 8b. 8c. Spartanburg 8d. 8e.

MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code only

FATHER—NAME FIRST MIDDLE LAST AGE (At time of this birth) STATE OF BIRTH (If not in U.S.A., name country)
10a. Albert Elmer Rollins 10b. 37 10c. S. C.

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) RELATION TO CHILD
11a. 11b.

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE—MOTHER (e.g., White, Black, American Indian, etc.) (Specify) RACE—FATHER (e.g., White, Black, American Indian, etc.) (Specify) BIRTH WEIGHT THIS BIRTH—Single, twin, triplet, etc. (Specify) IF NOT SINGLE BIRTH—Born first, second, third, etc. (Specify) IS MOTHER MARRIED? (Specify yes or no)
12. White 13. White 14. 15a. 15b. 16. Yes

PREGNANCY HISTORY (Complete each section) EDUCATION—MOTHER (Specify only highest grade completed) EDUCATION—FATHER (Specify only highest grade completed)
Elementary or Secondary (0-12) College (1-4 or 5+) Elementary or Secondary (0-12) College (1-4 or 5+)

LIVE BIRTHS (Do not include this child) OTHER TERMINATIONS (Spontaneous and induced) Usual Occupation Business or Industry Usual Occupation Business or Industry
17a. Now living 17b. Now dead 17d. Before 20 wks. 17e. After 20 wks. 18a. 18b. 18c. 19a. 19b. 19c. 19d. APGAR SCORE 1 min. 5 min.
Number Number Number Number DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) MONTH OF PREGNANCY PRE-NATAL CARE BEGAN First, second, etc. (Specify) PRENATAL VISITS Total number (If none, so state) 21a. 21b. 22a. 22b.

DATE OF LAST LIVE BIRTH (Month, Year) DATE OF LAST OTHER TERMINATION (as indicated in d or e above) (Month, Year) COMPLICATIONS OF PREGNANCY (Describe or write "none")
17c. 17f. 23.

CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none")
24.

COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none")
25. 26.

MOTHER'S BLOOD TESTED FOR SYPHILIS? (SPECIFY YES OR NO) MONTH DAY YEAR LABORATORY WHAT PROPHYLACTIC USED IN EYES? (Specify) TIME USED M.
27a. DATE 27b. 28.

DHEC-609 Rev. 1978

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

MULTIPLE BIRTHS
Enter State File Number for mate(s)

LIVE BIRTH(S)

FETAL DEATH(S)