

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster co</u>			STATE OF SOUTH CAROLINA		43152	
Township of <u>Cedar Creek</u>			Bureau of Vital Statistics			
OR			State Board of Health			
Inc. Town of			Registration District No. <u>2802</u>		Registered No. <u>54</u>	
OR					(For use of Local Registrar)	
City of			(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 <u>Etta May Rollins</u>			If child is not yet named, make supplemental report as directed			
(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH		
<u>girl</u>			<u>yes</u>	<u>Dec 13 1922</u>		
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)		
FATHER			MOTHER			
(8) FULL NAME	<u>Gustav Rollins</u>		(14) NAME BEFORE MARRIAGE	<u>Minnie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Lancaster R # 3</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Lancaster R # 3</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>White</u> <u>46</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>White</u> <u>46</u>	
(12) BIRTHPLACE	<u>Cherterfield co</u>		(18) BIRTHPLACE	<u>Cherterfield co</u>		
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Housewife</u>		
(20) Number of children born to mother, including present birth	<u>12</u>		(21) Number of children of this mother now living, including present birth	<u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature)	<u>Elizaph Bell</u>	
(24) State whether Physician or Midwife	<u>Midwife</u>	
(25) Address of Physician or Midwife	<u>Lancaster R # 3</u>	
Given name added from a supplemental report		
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Dec 24 1922</u> (27) <u>John A. Lanthier</u> 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.