

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
N. B.—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

County of Richland...  
Township of Columbia  
or  
Inc. Town of.....  
or  
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 Rosigatter green

File No.—For State Registrar Only

19948

Registration District No. 38Registered No. 1432....  
(For use of Local Registrar)(No. Bridge wood St.; ..... Ward)

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 2, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Shiners green

9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

23  
(Years)

12) BIRTHPLACE

fair field county

13) OCCUPATION

Carpenter

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

maie townsend

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

fair field county

(19) OCCUPATION

house keeping

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 15.22.22 at 6 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Murphy

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Bridge wood

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 23 is answered by mark)

(27) Filed

6-15-1922

(28)

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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