

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McDaw, of Columbia.

(1) PLACE OF BIRTH
County of Fairfield
Township of 8

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

72619

Registration District No. 1907 Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child Cleveland Roshro { 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 10 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 30, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Abraham Roshro

(9) PRESENT POSTOFFICE OF FATHER Rogersway St

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 63 (Years)

(12) BIRTHPLACE Fairfield County SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 10

MOTHER.
(14) NAME BEFORE MARRIAGE Lottie Latta

(15) PRESENT POSTOFFICE OF MOTHER Rogersway St

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victoria Edwards

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

member Rogersway St

(26) Witness W. G. White
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1916 (28) J. B. Chubbuck Local Registrar.

Given name added from a supplemental report

....., 191....

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.