

(1) PLACE OF BIRTH

County of
Township of
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

31636

Registration District No. 3606

Registered No. 77
(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 Rosalee Middleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Middleton
(9) PRESENT POSTOFFICE OF FATHER Etowah
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE OK
(13) OCCUPATION Laborer

MOTHER.
(14) NAME BEFORE MARRIAGE Margie Brown
(15) PRESENT POSTOFFICE OF MOTHER Etowah
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE OK
(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1 (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 born alive or stillborn At 10 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) John J. Fenner (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Etowah, S. C.

Given name added from a supplemental report
(26) Witness
(27) Filed Sept 10, 1922 (28) John J. Fenner 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.