

(1) PLACE OF BIRTH

County of Charleston

Township of

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

976

Registration District No. 1531 Registered No. 10
(For use of Local Registrar)

City of St.; Ward)

(2) Full Name of Child Cornelia Roscoe { If child is not yet named, make supplemental report as directed(3) SEX
BOY OR GIRL Boy(4) Twin or Triplet? -(5) Number in order of birth -
(to be assigned only in case of twins or triplets)(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jackson Roscoe(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farm work(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Elvira Williams(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Ac. home(20) 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 Alma (Born alive or stillborn) (Hour A. M. or P. M.) 6 A. M.
on the date above stated.(23) (Signature) Elvira Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Feb. 1 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.

If a child breathes even once

Before the fifth month of pregnancy

this return
births

FORM NO. 2 MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INK AND IN 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.

McGraw-Hill of Columbia