

(1) PLACE OF BIRTH

County of Landrum

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45998

Township of Landrumor
Inc. Town ofRegistration District No. 13-03

Registered No.

(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 Rosa Eleanora Weinberg

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>Is to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe Weinberg

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Dudley

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Long Creek, S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cynthia Phillips

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

Midwife Greenville, S.C.

(Given name added from a supplemental report)

(26) Witness E. C. Early
(Signature of Witness Necessary only when question 23 is signed by mark)(27) Filed Jan 1 1916 (28) E. C. Early
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.

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.

McCauley, of Columbia