

FORM NO. 6. MARGIN RESERVED FOR BINDING.

WHITE 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of
or
City of Union
(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
87681

Registration District No. 42-A Registered No. 1651
(For use of Local Registrar)
(No. Rousescroft St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Nov 2 6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ga Rogers</u>		(14) NAME BEFORE MARRIAGE <u>Sophia Rousescroft</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union 89</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union 89</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>None</u>		(18) BIRTHPLACE <u>Chester, Co 89</u>		
(13) OCCUPATION <u>Agent Life Ins Co.</u>		(19) OCCUPATION <u>Domestic</u>		
20 Number of children born to mother, including present birth <u>One</u>		21 Number of children of this mother now living, including present birth <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union 89

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Nov 10 1916 (28) D. G. Garratt
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.

before the fifth month of pregnancy