

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.

(1) PLACE OF BIRTH

County of Sumter
Township of _____
OF
Inc. Town of _____
OF
City of _____ (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9349

Registration District No. _____

Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child

Rosa McEwen (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>X</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Rosa McEwen</u>			(9) NAME BEFORE MARRIAGE <u>Lena</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Sumter 11th St.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Sumter 11th St.</u>	
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(14) COLOR OR RACE <u>Colored</u>	(15) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
(16) BIRTHPLACE <u>Sumter</u>			(17) BIRTHPLACE <u>Sumter</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 7 1933 at 1:24 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa E. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given, name added from a supplemental report

(26) Witness

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

(27) Signed

(28)

(29)

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.