

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort  
 or  
 Township of S. S. Williams  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10143

Registration District No. 205Registered No. 27  
(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 Abigail Rosebert If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH April 8, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME F. B. Rosebert  
 9 PRESENT POSTOFFICE OF FATHER Pineville  
 10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)  
 12 BIRTHPLACE Missile  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth 10

## MOTHER.

14 NAME BEFORE MARRIAGE Evelyn Gordon  
 15 PRESENT POSTOFFICE OF MOTHER Pineville  
 16 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41 (Year)  
 18 BIRTHPLACE Pineville  
 19 OCCUPATION Farm wife  
 21 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dolan Waring(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Russellville

Given name added from a supplemental report.

(26) Witness F. B. Rosebert

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

(27) Filed April 19, 1922(28) W. A. Gray 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.

REGISTERED IN THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA, APRIL 19, 1922. FILE NO. 10143. REGISTRATION DISTRICT NO. 205. REGISTERED NO. 27.