

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3606 Registered No. 82
(For use of Local Registrar)

File No.—For State Registrar Only

31641

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

(2) Full Name of Child Marjfield Rock If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Rock(9) PRESENT POSTOFFICE OF FATHER Catawbee SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sister Gilliland(15) PRESENT POSTOFFICE OF MOTHER Catawbee SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 19 22 (28) Wm. Rock 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.