

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 3.

(1) PLACE OF BIRTH  
County of Chester  
Township of Lawrenceville  
or  
Inc. Town of.....  
or  
City of.....  
(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  
748

Registration District No. 1106 Registered No. 81  
(For use of Local Registrar)

(No. ....) St. .... Ward)

(2) Full Name of Child Rosa Helen Burns If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age Parents <u>40</u> <u>35</u>	(7) DATE OF BIRTH <u>Jan 4</u> 19 <u>22</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	--	--

FATHER		MOTHER	
(8) FULL NAME <u>Robert Burns</u>	(10) NAME BEFORE MARRIAGE <u>Ann C. Caldwell</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Rodman sc.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rodman sc.</u>
(11) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Laurens Co</u>	(12) BIRTHPLACE <u>Chester Co</u>	(18) BIRTHPLACE <u>Chester Co</u>	(18) BIRTHPLACE <u>Chester Co</u>
(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>House wif</u>	(19) OCCUPATION <u>House wif</u>	(19) OCCUPATION <u>House wif</u>
(20) Number of children born to mother, including present birth <u>12</u>	(20) Number of children of this mother now living, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born... at 1106 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  
A. M. Miller

(24) State whether Physician or Midwife  
Physician

(25) Address of Physician or Midwife  
Chicago, Ill.

Given name added from a supplemental report

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

(27) Filed 1-6 19 22 (28) J. N. Hall 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.

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.

Local Registrar