

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 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

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

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

File No.—For State Registrar Only

20604

Registration District No. 4408 Registered No. 91
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Elizabeth Rosebud If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 19 22
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Noisy Rosebud
(9) PRESENT POSTOFFICE OF FATHER York Co.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE York Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 107

MOTHER.
(14) NAME BEFORE MARRIAGE Kent Brathou
(15) PRESENT POSTOFFICE OF MOTHER R. F. D. York Co.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE York Co.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane M. Donnell (24) State whether Physician or Midwife (25) Address of Physician or Midwife York R. F. D.

Given name added from a supplemental report

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

(27) Filed June 26 1922 (28) J. H. Spence 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.