

(1) PLACE OF BIRTH

County of Greene
 Township of Thomas
 or
 Inc. Town of
 or
 City of Tamiami (No. 54; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4735

Registration District No. 3502Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child

Florence Marie Rochester (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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Ray Rochester(9) PRESENT POSTOFFICE OF FATHER Tamiami S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44(12) BIRTHPLACE Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lee Nichols(15) PRESENT POSTOFFICE OF MOTHER Tamiami S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Greene Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Eda L. ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tamiami

Given name added from a supplemental report

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

(27) Filed 1 23 (28) 34 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.