

(1) PLACE OF BIRTH

County of CheslerTownship of Lewisvilleor
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

25405

Registration District No. 1106 Registered No. 82
(For use of Local Registrar)(2) Full Name of Child Roseline White { If child is not yet named, make supplemental report as directed3 BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 20, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Wace9 PRESENT POSTOFFICE OF FATHER Bascom Mills St.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)12 BIRTHPLACE Se13 OCCUPATION Farmer14 Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah White(15) PRESENT POSTOFFICE OF MOTHER Bascomville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Se(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour) (M.) (Day)(23) (Signature) Martha Humphreys (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richburg

Given name added from a supplemental report

(26) Witness J. G. H.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 8, 1922 (28) J. G. Hall's
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.