

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. WITH UNFADING INK—THIS IS A PERMANENT RECORD. AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in question 5.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
20984

(1) PLACE OF BIRTH
 County of Anderson
 Township of Franklin
 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.)

Registration District No. 3.13 Registered No. 3.14
 (For use of Local Registrar)

(2) Full Name of Child Rozelle Strother (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

3) <input type="checkbox"/> BOY OR GIRL?	4) <input type="checkbox"/> Twin or Triplets? <u>S.</u> <small>To be answered only in event of Twins or Triplets</small>	5) Number in order of birth <u>3</u>	6) Are Parents Married? <u>yo</u>	7) DATE OF BIRTH <u>July 18 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
8) FULL NAME <u>Willie B. Strother</u>			14) NAME BEFORE MARRIAGE <u>Mary Mills</u>	
9) PRESENT POSTOFFICE OF FATHER <u>RFD Anderson S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>RFD and SC</u>	
10) COLOR OR RACE <u>col</u>	11) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	16) COLOR OR RACE <u>col</u>		17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
12) BIRTHPLACE <u>Abbeville Co.</u>			18) BIRTHPLACE <u>Abbeville Co.</u>	
13) OCCUPATION <u>farmer</u>			19) OCCUPATION <u>2 1/2</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12304 M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. J. Adams
 (24) State whether Physician or ~~Midwife~~ Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Aug. 16 1922 (28) E. A. Collier 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.

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