

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.

[to Care of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

(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

75958

Registration District No. 9A Registered No. 935

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 5 1906</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Benjamin Laylor

(9) PRESENT POSTOFFICE OF FATHER 12 Liberty

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE city

(13) OCCUPATION Street Vendor

(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Milione

(15) PRESENT POSTOFFICE OF MOTHER 12 Liberty

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE city

(19) OCCUPATION Washerwoman

(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 Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Mary Ann

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness Miss Thompson

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

(27) Filed 9/9 1906 (28) 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.