

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
62819

(1) PLACE OF BIRTH

County of St. BerenvilleTownship of WagmillerInc. or Town of Calhoun Falls

City of

Registration District No. 109 Registered No. 1-8
(For use of Local Registrar)(2) Full Name of Child Rosemell Whitmore } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 12, 1916</u> (Name of Month) (Day) (Year)
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(8) FULL NAME		(14) NAME BEFORE MARRIAGE <u>Marie Whitmore</u>	
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>17</u>
(12) BIRTHPLACE		(18) BIRTHPLACE <u>Clinton S.C.</u>	
(13) OCCUPATION		(19) OCCUPATION <u>House Maid</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Calhoun Falls S.C. on the date above stated. (Hour A. M. or P. M.) 3 P.M.

(23) (Signature) Emma B. Bell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Mrs. Hance
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20, 1916 (28) J. B. Hance
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.

McCaw, of Columbia
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the