

MARGIN RESERVED FOR BINDING.

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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Chesterfield  
 Township of Cole Hill  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (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  
**76350**

Registration District No. 1202 Registered No. 62  
 (For use of Local Registrar)

(2) Full Name of Child John Wesley Rose (If child is not yet named, make supplemental report as directed)

(3) ~~BOY OR GIRL~~ (4) Twin or Triplet? (5) Number in order of birth (6) ~~Age~~ Married? (7) DATE OF BIRTH Sept 14<sup>th</sup> 1916  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

**FATHER.**  
 (8) FULL NAME John Walter Rose  
 (9) PRESENT POSTOFFICE OF FATHER Patrick S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (12) BIRTHPLACE Chesterfield Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Six

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sallie Henderson  
 (15) PRESENT POSTOFFICE OF MOTHER Patrick S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE Chesterfield County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Six

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Ellen Jones  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chesterfield S.C. R. 3

Given name added from a supplemental report  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness J. W. Rose (Signature of witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept. 18 1916 (28) J. A. Davis 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.