

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

27458

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(No. 12 Apt. 201)

Ward)

(2) Full Name of Child Elizabeth Rose

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet - 5. Number in order of birth (1) 6. Are Parents Married yes 7. DATE OF BIRTH Sept 23 (Month) (Day) (Year)FATHER William Edgar Rose FULL NAME MOTHER Victoria Carter NAME BEFORE MARRIAGE8. PRESENT POSTOFFICE OF FATHER Charleston, SC 9. PRESENT POSTOFFICE OF MOTHER Charleston, SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 31 (Year) 12. COLOR OR RACE White 13. AGE AT LAST BIRTHDAY 23 (Year)14. BIRTHPLACE Charleston, SC 15. BIRTHPLACE Kingstree, SC16. OCCUPATION Painter 17. OCCUPATION Home duties18. Number of children born to mother, including present birth One (1) 19. Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Rose(24) State whether Physician or Midwife (25) Address of Physician or Midwife 65 Leguere St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/7 19 28 Merri. D. 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.