

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of Center
OF
Inc. Town of
OF
City of

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

File No. for State Registrar 33738

Registration District No. 3801 Registered No. 79
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 7 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Rose
(9) PRESENT POSTOFFICE OF FATHER Lykesland S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE Richland County S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Wafney Patterson
(15) PRESENT POSTOFFICE OF MOTHER Lykesland S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Richland County S.C.
(19) OCCUPATION Cutlery work
(20) Number of children of this mother now living, including present birth five children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was white at 1 P.M. on the date above stated.
(Sign alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Anna B. Hays
(23) State whether Midwife

(24) Address of Physician or Midwife Lykesland S.C.

Given name added from a
and report

(25) Witness (Signature of Witness necessary only when question 25 is signed by mark)

W. B. C. Hays

*When there was any illness, or other condition, etc., should make report to Bureau of Vital Statistics.