

Form No. 1.

(1) PLACE OF BIRTH

County of RichlandTownship of Lowen

or Inc. Town of

or City of

(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 House of Health

File No. For this Registry

66088

Registration District No. Registered No. 196

(For use of Local Registrar)

(2) Full Name of Child

James Rosten

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

(3) <u>BOY OR</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parent Married?	(7) DATE OF BIRTH
<u>Boy</u>		<u>1st</u>	<u>Yes</u>	<u>Jan. 18, 1926</u>

FATHER		MOTHER	
(8) FULL NAME	<u>James Rosten</u>	(14) NAME BEFORE MARRIAGE	<u>Laura Balk</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Easton</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Easton</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>24</u> (Years)
(12) BIRTHPLACE	<u>SC</u>	(18) BIRTHPLACE	<u>SC</u>
(19) OCCUPATION	<u>Farmer</u>	(20) OCCUPATION	<u>Housewife</u>
(21) Number of children born to mother, including present birth	<u>2</u>	(22) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) 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.)(24) (Signature) Alfred N. ...

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Midwife EASTON

Given under my hand and seal of office this ... day of ... 1926.

(27) Witness

(Signature of Witness) James ...(28) Date Jan. 18, 1926

When there were any attending physicians or midwives, then the father, householder, etc., should make this return. If no attending physician or midwife was present, the father, householder, etc., should make this return before the child reaches the age of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SC—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.

County of Columbia