

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Lytle
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42012

Registration District No. 1876

Registered No. 107
 (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 Rosen Bruce Jr.

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 6 6. Are Parents Married? Yes 7. DATE OF BIRTH Dec 20 22
 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Rosen Bruce
 9. PRESENT POSTOFFICE OF FATHER Harmer S.C. #4
 10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 40
 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer Laborer

MOTHER

14. NAME BEFORE MARRIAGE Bula Lucas
 15. PRESENT POSTOFFICE OF MOTHER Harmer S.C.
 16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 36
 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Housewife
 20. Number of children born to mother, including present birth Six
 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 above at S. C. on the date above stated.
 (Born alive Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Lucas
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harmer S.C.

When there was a supplemental report:

When there was a supplemental report, the signature of witness necessary only when question is signed by mother.

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