

Form No. 1

(1) PLACE OF BIRTH

County of *York*Township of *Frederick*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4.4.85*

File No. - For State Registrar Only

16289

Registered No. *34*
(For use of Local Registrar)

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

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>May 23</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>William Rose</i>			(14) NAME BEFORE MARRIAGE <i>Lida Henderson</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Roseville SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Roseville SC</i>	
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
(12) BIRTHPLACE <i>SC</i>		(18) BIRTHPLACE <i>SC</i>		
(13) OCCUPATION <i>farm work</i>			(19) OCCUPATION <i>farm work</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lida Henderson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

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.