

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH

County of Charlottesville
 Township of
 or
 Inc. Town of
 or
 City of Charlottesville
 (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 Board of Health

File No.—For State Registrar

951

Registration District No. 1.2.A Registered No. 16
 (For use of Local Registrar)

(No. St.: Wa
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Rose Samuels

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>-</u> To be answered only in case of Twins or Triplets	(5) Number in order of Birth <u>-</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 1, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward Wright</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Samuels</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charlottesville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville</u>	
(10) COLOR OR RACE <u>Ce</u>			(16) COLOR OR RACE <u>Ce</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>Charlottesville, Va</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Cook</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive st. 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia Warren
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

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

(27) Filed Feb 1, 1922 (28) Local Registrar E. W. Earl

*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.