

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Island  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. 3262

Registration District No. 904 Registered No. 8  
 (For use of Local Registrar)

City of ..... (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 Rosebell White If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Type of Birth yes (5) DATE OF BIRTH Jan 24 1903  
 To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(6) FULL NAME <u>Jos White</u>	(14) NAME BEFORE MARRIAGE <u>Roselee Washington</u>	(10) PRESENT RESIDENCE OF FATHER <u>Rt. Charleston S.C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Rt. Charleston S.C.</u>
(8) COLOR <u>Colord</u>	(12) AGE AT LAST BIRTHDAY <u>21</u>	(10) COLOR <u>Col.</u>	(16) AGE AT LAST BIRTHDAY <u>18</u>
(10) BIRTHPLACE <u>James Island</u>	(12) BIRTHPLACE <u>James Island</u>	(10) BIRTHPLACE <u>James Island</u>	(16) BIRTHPLACE <u>James Island</u>
(12) OCCUPATION <u>Farm hand</u>	(12) OCCUPATION <u>Farm hand</u>	(10) BIRTHPLACE <u>James Island</u>	(16) BIRTHPLACE <u>James Island</u>
(14) Number of children born to mother, including present birth	(14) Number of children of this mother now living, including present birth	(10) BIRTHPLACE <u>James Island</u>	(16) BIRTHPLACE <u>James Island</u>

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

(22) (Signature) Rose Bonham  
 (24) State whether Physician or Midwife midwife (26) Name of Physician or Midwife Rt. Charleston S.C.

Given name added from a supplemental report  
 (28) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
 (30) Date Feb 8 1903 (32) W. R. Seabrook  
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.