

## (1) PLACE OF BIRTH

County of Duchess  
 Township of Liberty  
 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

2282

Registration District No. 3705 Registered No. 11  
 (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 Emmalee Rose (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jun 22 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Olus Rose</u>			14 NAME BEFORE MARRIAGE <u>Kungade Smith</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Liberty SOR 3</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Liberty SOR 3</u>	
10 COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16 COLOR OR RACE <u>Black</u>		
12 BIRTHPLACE <u>Proctor 222</u>		17 AGE AT LAST BIRTHDAY <u>21</u> (Years)		
13 OCCUPATION <u>Farmer</u>		18 BIRTHPLACE <u>Proctor 222</u>		
20 Number of children born to mother, including present birth <u>1 2nd</u>		21 OCCUPATION <u>Housewife</u>		
		27 Number of children of this mother now living, including present birth <u>1 2nd</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. J. Boyd  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 6 1922 (28) John T. Boyce 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.

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WHILE FATHERS WITH CHILDREN IN THE STATE ARE REQUIRED TO REGISTER THEIR CHILDREN, THIS IS A PERMANENT RECORD. N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 3

STATE OF SOUTH CAROLINA, COUNTY OF DUCHESSE