

(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  
**2283**

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 Emmalies 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 27 19 22</u> (Month/Day/Year)
FATHER.		MOTHER.		
8 FULL NAME <u>Olus Rose</u>	14 NAME BEFORE MARRIAGE <u>Kangadee Smith</u>			
9 PRESENT POSTOFFICE OF FATHER <u>Liberty SCR 3</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Liberty SCR 3</u>			
10 COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	16 COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
12 BIRTHPLACE <u>Proctorville</u>	18 BIRTHPLACE <u>Proctorville</u>			
13 OCCUPATION <u>Farmer</u>	19 OCCUPATION <u>Housewife</u>			
20 Number of children born to mother, including present birth <u>1 2nd</u>	21 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 12:30 P.M. on the date above stated. (Born 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 1927 (28) John T. Boyd 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the PRINTED COLUMN. No. 1 THE OTHER. No. 2, etc. in question 3

SECRET