

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. 3224

Registration District No. 9A Registered No. 31
(For use of Local Registrar)

(No. 71 Church 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 Carewena Rose

If child is not yet named, make supplemental report as directed

(a) Sex of Child Girl (b) Type of Birth Normal (c) Number in order of birth 1 (d) Date of Birth Feb 2 1913 (e) Time of Birth 10:30 (f) Name of Mother Carolina Donella

FATHER

(1) Name of Father Prince Rose
(2) Present Address of Father Charleston
(3) Color of Father Negro (4) Age at last birthday 32
(5) Occupation Doctor Island
(6) Number of children born to mother, including present birth 7

MOTHER

(1) Name of Mother Carolina Donella
(2) Present Address of Mother Charleston
(3) Color of Mother Negro (4) Age at last birthday 27
(5) Occupation Domestic
(6) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was White on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)

(2) (Signature) William B. Baker (3) State whether Physician or Midwife (4) Address of Physician or Midwife

Given name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(6) Filed 2/13 1913 (7) 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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