

## (1) PLACE OF BIRTH

County of Flamora

Township of .....

Inc. Town of .....

City of Flamora

(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

No. 1a.—For State Registration

40188

Registration District No. 20-A Registered No. 398  
(For use of Local Registrar)(No. The Florence Infirmary)(2) Full Name of Child Lucille Watson Rose

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age at birth

2 yrs

(7) DATE OF BIRTH

March 15 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Almond M. Roy Rose

(9) PRESENT POSTOFFICE OF FATHER

Marion, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Year)

(12) BIRTHPLACE

Virginia

(13) OCCUPATION

Grocer

(14) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucille Watson

(15) PRESENT POSTOFFICE OF MOTHER

Marion, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33  
(Year)

(18) BIRTHPLACE

Virginia

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Name of Physician or Midwife

Physician, The Florence Infirmary

Given name added from a supplemental report

(25) Witness

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

(26) State

Dr. F. L. 23m. P. H. Prisham, M.D.

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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