

Form No. 1

MARGES RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Greenwood  
 Township of Phoenix  
 or  
 Inc. Town of .....  
 City of .....

(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

File No.—For State Registrar Only

4494

Registration District No. 2311... Registered No. 9...  
 (For use of Local Registrar)

(2) Full Name of Child Charitie C. Rose

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jake Rose  
 (9) PRESENT POSTOFFICE OF FATHER Greenwood Route 4  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Years) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Wise  
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood Route 4  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
 (Years) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 9 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charitie Rose

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 ..... 19 .....  
 Registrar

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

(27) Filed Feb 1, 1922

(28) G. H. Stullworth  
 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.