

PERMANENT RECORD.
 THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH

County of Orangeburg, S.C.
 Township of City
 or
 Inc. Town of
 or
 City of Orangeburg, S.C.

CERTIFICATE OF BIRTH

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

No. 8016 — For State Registrar Only

8016

Registration District No.

Registered No.
(For use of Local Registrar)

(No. 127 - W. Russell 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 Mrs. Etha Rose
 If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet?** (5) **Number in order of birth**
 To be answered only in event of Twin or Triplet (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** Feb. 16, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** Mrs. Rose
 (9) **PRESENT POSTOFFICE OF FATHER** Orangeburg, S.C.
 (10) **COLOR OR RACE** Negro (11) **AGE AT LAST BIRTHDAY** 43 (Years)
 (12) **BIRTHPLACE** Orangeburg, S.C.
 (13) **OCCUPATION** Blacksmith
 (20) **Number of children born to mother, including present birth** Two

MOTHER.

(14) **NAME BEFORE MARRIAGE** Lela Williams
 (15) **PRESENT POSTOFFICE OF MOTHER** Orangeburg, S.C.
 (16) **COLOR OR RACE** Negro (17) **AGE AT LAST BIRTHDAY** 24 (Years)
 (18) **BIRTHPLACE** Orangeburg, S.C.
 (19) **OCCUPATION** Domestic
 (21) **Number of children of this mother now living, including present birth** One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. P. Green, M.D.

(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 4-6 19 23

(28) W. H. D. 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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