

(1) PLACE OF BIRTH

County of Florence

Township of Jeffrey

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
52172

Registration District No. 2007 Registered No. 132
(For use of Local Registrar)

Sl.: Ward)

(2) Full Name of Child George Rose Jr. { 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 (6) Parents Married? yes (7) DATE OF BIRTH Mar 21 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Rose Jr.

(9) PRESENT POSTOFFICE OF FATHER Florence S. B. Mar

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Peoples

(15) PRESENT POSTOFFICE OF MOTHER (Dead)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Layettville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Josephine T. Doughan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Mrs. Bluff - S. B. R.

Given name added from a supplemental report

(26) Witness Mrs. J. P. Gragg (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Mar 27 1916 (28) Mrs. J. P. Gragg Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make a return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

(Signature)

IN CASE OF TWIN OR TRIPLETS, give a SUPPLEMENTAL REPORT for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.