

Form No. 1

(1) PLACE OF BIRTH

County of CamdenTownship of GeorgetownInc. Town of CharlestonCity of Charleston

(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. 302Registration District No. 5-0-7 Registered No. 29
(For use of Local Registrar)(2) Full Name of Child Rose Dwyer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Female</u>	(7) DATE OF BIRTH <u>Jan 1, 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Don't know</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Dwyer</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Char</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Char</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>18</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farm Labor</u>	(19) OCCUPATION <u>Farm Labor</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Dwyer
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
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Given name added from a supplemental report

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

(27) Filed 1/9 1923 (28) Francis Sander Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should sign this certificate. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

Bureau of Statistics, Columbia, S. C.