

Form No. 1

## (1) PLACE OF BIRTH

County of ColletonTownship of EdistoInc. Town of EdistoCity of SC

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33399

Registration District No. 36.c.4Registered No. 5p  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rose James

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

(3) Sex ♀ (4) Type or Order 1st (5) Number or Order 1st (6) Age 2y 2m 23d (7) Date of Birth 2y 2m 23d  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) Full Name Henry James(9) Present Postoffice of Father Edisto 51(10) Color or Race W (11) Age at Last Birthday 21 (Year)(12) Birthplace IL(13) Occupation Seal(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) Name before Marriage Leine Middleton(15) Present Postoffice of Mother Am(16) Color or Race W (17) Age at Last Birthday 20 (Year)(18) Birthplace IL(19) Occupation Seal(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Edisto, SC, on the date above stated. (Born stillborn) (Born A. M. or P. M.)(22) (Signature) Julia Wade

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed) Edisto 23(26) Filed Edisto 23 (27) 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.