

## 1. PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

16 093433

Registration District No.

Registered No.

(For use of Local Registrar)

St.;

Ward)

(No.

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

## 2. FULL NAME OF CHILD

James Edward Rose (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

14. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

(Years)

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to mother, including present birth

21. Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

193.

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Registrar.

26. Witnesses

(Signature of Witness necessary only when question 22 is signed by mark)

27. Filed

Aug. 14, 1933

M. D. M. D. Registrar. (C)

\*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.