

1. PLACE OF BIRTH

County of *Clarendon*Township of *Manning*or
Inc. Town of

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)

(No. _____ 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 *James Edward Drose*

(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. Are Parents Married? *yes*7. DATE OF BIRTH *July 28, 1916*

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME *Leroy Matthews Drose*14. NAME BEFORE MARRIAGE *Gertrude White*

MOTHER

9. PRESENT POSTOFFICE OF FATHER *Manning, S. C. R. 2*15. PRESENT POSTOFFICE OF MOTHER *Manning, S. C. R. 2*10. COLOR OR RACE *white*11. AGE AT LAST BIRTHDAY *32*
(Years)16. COLOR OR RACE *white*17. AGE AT LAST BIRTHDAY *27*
(Years)12. BIRTHPLACE *S. C.*18. BIRTHPLACE *S. C.*13. OCCUPATION *Farmer*19. OCCUPATION *Housewife*20. Number of children born to mother, including present birth { *2*21. Number of children of this mother {
now living, including present birth { *I*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was *alive* at *7: A.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature *Leroy M. Drose (Father)*24. State whether Physician or Midwife *Physician* Address of Physician or Midwife *Columbia, S. C.*

Given name added from a supplemental report

26. ~~Witness~~ *(Supporting affidavits on file)*

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

Page 1 of 3
Registrar.27. Filed *Aug. 14, 1916**Martin B. Woodward, M.D.*
Asst. State 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.