

(1) PLACE OF BIRTH

County of FairfieldTownship of #1or  
Inc. Town of Shelton S.C.or  
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

81381

Registration District No. 19.00Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Chas. Macpherson Rose

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? C

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 13th

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Chas. S. Rose(9) PRESENT POSTOFFICE OF FATHER Blair's S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Feasterville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Dye(15) PRESENT POSTOFFICE OF MOTHER Blair's S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Feasterville S.C.(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 Alive, at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Coleman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Shelton S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct. 17, 1916 (28) H. G. Colvin 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia