

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Roseville
 or
 Inc. Town of Roseville
 or
 City of Roseville

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

5500

Registration District No. 44B Registered No. 33
 (For use of Local Registrar)

City of Roseville (No. 44B St. 33 Ward 33)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Isabelle

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 19 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Philip</u>			(14) NAME BEFORE MARRIAGE <u>Isabelle Philip</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Roseville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Roseville</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>SC.</u>			(18) BIRTHPLACE <u>SC.</u>	
(13) OCCUPATION <u>Cann. Solon</u>			(19) OCCUPATION <u>Solmon</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 519 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Stuck(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed 7/19/23 (28) J. J. Miller
 Registrar 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.

MADE IN THE UNITED STATES OF AMERICA. PRINTED AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. 1923. No. 1. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. WHEN THERE IS AN ATTENDING PHYSICIAN OR MIDWIFE, THE REGISTRAR SHALL SIGN THE CERTIFICATE. WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE, THE REGISTRAR SHALL SIGN THE CERTIFICATE. WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE, THE REGISTRAR SHALL SIGN THE CERTIFICATE.