

No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 16998
 16998

Registration District No. 904Registered No. 31
(For use of Local Registrar)

City of (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 Rosa Lafayette

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

(a) SEX Female (b) Type or Figure To be reported only in event of Twins or Triplets (c) Number in order of birth 1st (d) Age 1/2 (e) DATE OF BIRTH June 4, 1923
 (Month of Month) (Day) (Year)

FATHER
 (a) FULL NAME Ezekiel Lafayette
 (b) PRESENT RESIDENCE OF FATHER James Island
 (c) COLOR Blk (11) AGE AT LAST BIRTHDAY 48
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE May Brown
 (15) PRESENT RESIDENCE OF MOTHER James Island
 (16) COLOR Blk (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present child 4
 (21) Number of children of this mother now living, including present child 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rachel Seabrook
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Geoff Seabrook
 Registrar

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

(27) Filed June 25, 1923 (28) P. F. Trimball
 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.