

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Douglas  
 or  
 Inc. Town of.....  
 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  
**41763**

Registration District No. 1303 Registered No. 57  
 (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 Booker T. Rose { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 28, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Stuart M.E. Rose  
 (9) PRESENT POSTOFFICE OF FATHER Turbeville, S.C.  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 37  
 (Year) (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Leola Kirby  
 (15) PRESENT POSTOFFICE OF MOTHER Turbeville, S.C.  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30  
 (Year) (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth Seven  
 (21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive.....at 5 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hester Brand

(24) State whether Physician or Midwife  
Midwife

(25) Address of Physician or Midwife  
Turbeville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 13 19 23

(28) Local Registrar

(29)

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.