

Name = Rubrica Catalina Rose

(1) PLACE OF BIRTH

County of Sumter
Township of Privateer
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. - For State Registrar Only
37802

Registration District No. 4119 Registered No. 111
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, the name of the institution, street and number.)

(2) Full Name of Child Rubrica Catalina Rose (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Girl</u>	(4) Type of Birth <u>Normal</u>	(5) Number in Family <u>1</u>	(6) Date of Birth <u>Nov 14 23</u>
FATHER		MOTHER	
(7) NAME <u>Johnny Rose</u>		(8) NAME <u>Julia Wilson</u>	
(9) RESIDENT ADDRESS <u>Lidwell St</u>		(10) RESIDENT ADDRESS <u>Quidley</u>	
(11) COLOR <u>Black</u>	(12) AGE AT LAST BIRTHDAY <u>41</u>	(13) COLOR <u>Blk</u>	(14) AGE AT LAST BIRTHDAY <u>35</u>
(15) BIRTHPLACE <u>Sumter County</u>		(16) BIRTHPLACE <u>Sumter Co</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>House wife</u>	
(19) Number of children born to mother, including present birth <u>nine</u>		(20) Number of children of this mother now living, including present birth <u>nine</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Adrian Butler
(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Sumter Co

Given name added from a supplemental report

(25) Witness Theresa B. Boyd
(Signature of witness necessary only when question 23 is signed "mark")

(26) Date Nov 18 23 (27) Local Registrar Joe L. ...

When there was an abortion, stillbirth, or miscarriage, the father, householder, or other person should make this report. If a child is born, it should be reported as a birth. No report is required of stillbirths before the fifth month of pregnancy.