

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
43367

Registration District No. 3022 Registered No. 166
(For use of Local Registrar)

(2) Full Name of Child Margie Lee Rose

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

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

FATHER.

(8) FULL NAME Tommy Rose
(9) PRESENT POSTOFFICE OF FATHER Wagesville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE Lee Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Burns
(15) PRESENT POSTOFFICE OF MOTHER Wagesville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE Sumter Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Mack
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shiloh S.C.

Given name added from a supplemental report

(26) Witness J. F. Wiedert
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be recorded as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.