

(1) PLACE OF BIRTH

County of CharlestonTownship of Edisto

or

Inc. Town of

City of

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

(2) Full Name of Child John Rose Jr.File No. — For State Registrar Only
71801Registration District No. 902Registered No. 176
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 7 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Rose(9) PRESENT POSTOFFICE OF FATHER Edisto Island(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Char Co(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Hutchison(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE same(19) OCCUPATION same

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alen at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Jane A. Hutchison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edisto Island

Given name added from a supplemental report

(26) Witness ROSE
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 11 1916 (28) JO B. ROSE 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.
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