

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA,  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**71801**

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Edisto Isd  
 or  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. 902 Registered No. 176  
 (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 Johnnie Rose Jr.

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

(3) Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 7 1916  
to be answered only in event of twins or triplets

**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 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. 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 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Jane A. Fuchs  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Edisto Isd.

Given name added from a supplemental report  
 ....., 191.....  
 ....., 191.....  
 Registrar

(26) Witness ROSA  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug. 12 1916 (28) J. B. ... 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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FIRST-BORN, No. 1. THE OFFICE, No. 2. CITY, IN QUESTION, No. 3. PLACE OF BIRTH, No. 4. COUNTY, No. 5. STATE, No. 6. DATE OF BIRTH, No. 7. TIME OF BIRTH, No. 8. SEX, No. 9. COLOR OR RACE, No. 10. AGE AT LAST BIRTHDAY, No. 11. BIRTHPLACE, No. 12. OCCUPATION, No. 13. NAME OF FATHER, No. 14. NAME BEFORE MARRIAGE, No. 15. PRESENT POSTOFFICE OF FATHER, No. 16. PRESENT POSTOFFICE OF MOTHER, No. 17. AGE AT LAST BIRTHDAY, No. 18. BIRTHPLACE, No. 19. OCCUPATION, No. 20. NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH, No. 21. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH, No. 22. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS ... AT ... M., ON THE DATE ABOVE STATED, No. 23. (SIGNATURE), No. 24. STATE WHETHER PHYSICIAN OR MIDWIFE, No. 25. ADDRESS OF PHYSICIAN OR MIDWIFE, No. 26. WITNESS, No. 27. FILED, No. 28. LOCAL REGISTRAR.