

(1) PLACE OF BIRTH

County of Charleston

Township of

OR
Inc. Town of Charleston

or
City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

48320

Registration District No. 9A Registered No. 197

(No. 11 HAMILTON CIT. St. 10 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances Rose

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

(3) girl (4) Twin or Triplet? no (5) Number in order of birth 1

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 8 1906

(8) FULL NAME OF FATHER Thaddeus Rose

(14) NAME BEFORE MARRIAGE Ellen Spell

(9) PRESENT POSTOFFICE OF FATHER Charleston

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Charleston S.C.

(18) BIRTHPLACE Walterboro

(13) OCCUPATION Conductor

(19) OCCUPATION House Wife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 (Born alive or stillborn) (Sign A. H. or M. W.) on the date above stated.

(23) (Signature) Mrs. W. Kruger

(24) State whether Physician or Midwife (25) Address of Physician or Midwife #454 Meeting St.

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

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

(27) Photo. J. H. J. Meier

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.