

(1) PLACE OF BIRTH
County of Charleston

Township of James Island

OR
Inc. Town of

OR
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 Rosa Jane Bright

(3) BOY OR GIRL? G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 16
(Month) (Day) (Year)

(8) FULL NAME Samuel Bright

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR ed OR RACE

(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE James Island

(13) OCCUPATION Carpenter

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

(15) NAME BEFORE MARRIAGE Agnes Bright

(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(17) COLOR ed OR RACE

(18) AGE AT LAST BIRTHDAY 35
(Years)

(19) BIRTHPLACE James Island

(20) OCCUPATION Housewife

(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 born alive at James Island on the date above stated.
(23) (Signature) Rachel J. Seabrook
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/25 1916 (28) Seabrook 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 sixth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only—
48397

Registered No. 7
(For use of Local Registrar)

SI; Wood

(No.)

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