Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43480

(1) PLACE OF BIRTH

County of LEXINGTON
Township of BULL SWAMP
or
Inc. Town of .....
or
City of .....

Registration District No. 3102 Registered No. 142
(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 Thelma Maggie Rose {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec 27, 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	J. Rose	(14) NAME BEFORE MARRIAGE	Minnie Jefferson
(9) PRESENT POSTOFFICE OF FATHER	Pelion	(15) PRESENT POSTOFFICE OF MOTHER	Pelion
(10) COLOR OR RACE	Blk	(16) COLOR OR RACE	Blk
(11) AGE AT LAST BIRTHDAY ..... (Years)		(17) AGE AT LAST BIRTHDAY ..... (Years)	
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Helper
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.9 M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Katie Burkett
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Pelion

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Jan 7 1923 (28) J. R. Meyford
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.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.