

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of Florence

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

(2) Full Name of Child Robert Wilson Rose

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents married? <u>yes</u>	(7) DATE OF BIRTH <u>9/13/22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert W Rose(9) PRESENT POSTOFFICE OF FATHER Florence SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Auto mechanic(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Phineas Davis(15) PRESENT POSTOFFICE OF MOTHER Florence SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) E. H. Hicks(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report

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

(27) Filed 9-14-22 (28) P. H. Brusham, M.D. 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.