

(1) PLACE OF BIRTH

County of Washington  
Township of 11  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. — for State Registrar Only  
**41963**

Registration District No. 1.A.A.1 Registered No. 104  
(For use of Local Registrar)

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

(2) Full Name of Child Rose Rosemarie { 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 - (6) Are Parents Married yes (7) DATE OF BIRTH Dec 20 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Rosemarie

(9) PRESENT POSTOFFICE OF FATHER Washington R

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

(12) BIRTHPLACE S.C.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lonell Baste

(15) PRESENT POSTOFFICE OF MOTHER Washington R

(16) COLOR OR RACE Col - (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE Washington

(19) OCCUPATION At home

(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 Alive at 1 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lonell Baste  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Date Jan 1 1923 (28) Local Registrar E. A. Early

\*When there was no attending physician or midwife, 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.