

Form No. 1

## (1) PLACE OF BIRTH

County of GeorgetownTownship of St. James

OF

Inc. Town of Anchor, S.C.

OR

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34516

Registration District No. 210-5Registered No. 127  
(For use of Local Registrar)(No. 127 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 Munna Worn Rose If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 8, 1922  
(Name in Month), (Day) (Year)

FATHER				MOTHER			
(8) FULL NAME	<u>Isaac Boyd Rose</u>			(14) NAME BEFORE MARRIAGE	<u>Cleo Steadman</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Anders, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Anders, S.C.</u>		
(10) COLOR OR RACE	<u>White</u>	(11) AGE AT LAST BIRTHDAY	<u>29</u>	(16) COLOR OR RACE	<u>White</u>	(17) AGE AT LAST BIRTHDAY	<u>26</u>
(12) BIRTHPLACE	<u>Williamsburg, Conn., S.C.</u>			(18) BIRTHPLACE	<u>Lexington, Conn., S.C.</u>		
(13) OCCUPATION	<u>Machinist</u>			(19) OCCUPATION	<u>Domestic</u>		
(20) Number of children born to mother, including present birth	<u>3</u>			(21) Number of children of this mother now living, including present birth	<u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)(23) (Signature) J. B. Rose(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anders, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 16, 1922 (28) Rev. Bailey 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.

THIS IS A PERMANENT RECORD. IT IS A SEPARATE BLANK FOR EACH CHILD, and with the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.