

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of Lowor
City of Waterloo

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

(2) Full Name of Child Rosanna LapesFile No. — For State Registrar Only
22433CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District 8803 Registered No. 209
(For use of Local Registrar)

(No. St.; Ward)

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

3) BOY OR GIRL Girl 4) Twin or Triplet 1 5) Number in order of birth 1 6) Sex Male 7) DATE OF BIRTH July 17, 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Joseph Lapes9) PRESENT POSTOFFICE OF FATHER Waterloo10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 47
(Year)12) BIRTHPLACE Waterloo13) OCCUPATION Public Work20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Janie Brown15) PRESENT POSTOFFICE OF MOTHER Waterloo16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 36
(Year)18) BIRTHPLACE Fairfield19) OCCUPATION house work21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Millie J. G. Gerson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 7/18/23 (28) St. Bernard 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.