

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of

or

Inc. Town of

City of Bonnettville

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

(2) Full Name of Child Rose David

File No.—For State Registrar Only

39381

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 33 ARegistered No. 113

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH. Nov 19...
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Amelion David

(9) PRESENT POSTOFFICE OF FATHER

Bonnettville, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Marlboro Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Miles

(15) PRESENT POSTOFFICE OF MOTHER

Bonnettville, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Bonnettville, S.C.

(19) OCCUPATION

Farming

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

2

(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... 5:45 ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Grace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBonnettville, 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 Nov-18 19...
Registrar(28) Mrs. J. W. Pate
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.