

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushy Creek
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
24702

Registration District No. 3.0.2. Registered No. 82
 (For use of Local Registrar)

City of (No. 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 Ola Mae Rosamond { If child is not yet named, make supplemental report as directed

1 ~~SEX~~ 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH Aug. 28, 1922.
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Walter Rosamond
 9 PRESENT POSTOFFICE OF FATHER Easley, S.C.
 10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 21
 (Years)
 12 BIRTHPLACE Greenville Co., S.C.
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Viola Walker
 15 PRESENT POSTOFFICE OF MOTHER Easley, S.C.
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 22
 (Years)
 18 BIRTHPLACE Anderson Co. S.C.
 19 OCCUPATION Housewife
 20 Number of children born to mother, including present birth 1
 21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 1 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Pepper M.D.

(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 mark)

(27) Filed

Sept. 10, 1922

(28)

J. R. Watson
 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.

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