

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only

36721

County *Leflore*

Township *...*

Inc. Town of *...*

City of *...*

Registration District No. *2008* Registered No. *35*

(For use of Local Registrar)

(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 *Rose Lee Newman* If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <i>girl</i>	4) Twin or Triplet <i>To be covered only in event of Twin or Triplet</i>	5) Number in order of birth <i>2</i>	6) Are Parents Married <i>yes</i>	7) DATE OF BIRTH <i>July 2 23</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <i>Butler Newman</i>	14) NAME BEFORE MARRIAGE <i>Carolis Wilson</i>			
9) PRESENT POSTOFFICE OF FATHER <i>Bishopville S.C. 29</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Bishopville S.C. 29</i>			
10) COLOR OR RACE <i>Black</i>	11) AGE AT LAST BIRTHDAY <i>37</i> (Year)	16) COLOR OR RACE <i>Black</i>	17) AGE AT LAST BIRTHDAY <i>23</i> (Year)	
12) BIRTHPLACE <i>SC</i>		18) BIRTHPLACE <i>SC</i>		
13) OCCUPATION <i>Farm Hand</i>		19) OCCUPATION <i>Domestic</i>		
20) Number of children born to mother, including present birth <i>2</i>		21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 a* M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) *Mary Robinson*  
(24) State whether Physician or Midwife *midwife* (25) Address of Physic. or Midwife *Bishopville 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 *Aug 15 23* (28) *OTM...* 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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