

(1) PLACE OF BIRTH

County *Leah*Township *Leah*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36721

Registration District No. *3008*Registered No. *35*
(For use of Local Registrar)

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

(2) Full Name of Child *Rosa Lee Newman* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *girl* (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth *2* (6) Are Parents Married *yes* (7) DATE OF BIRTH *July 2 23*
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME *Butler Newman* (14) NAME BEFORE MARRIAGE *Candis Wilson*(9) PRESENT POSTOFFICE OF FATHER *Bishopville S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Bishopville S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *38* (16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23*
(Year) (Year)(12) BIRTHPLACE *SC* (18) BIRTHPLACE *SC*(13) OCCUPATION *Farm Hand* (19) OCCUPATION *Domestic*(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 *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 Physician or Midwife *Bishopville SC*

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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