Form No. 1

(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
30907

County of Anderson
Township of Williamston
or
Inc. Town of Pelzer SC
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3D Registered No. 134
(For use of Local Registrar)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? —
(5) Number in order of birth 10
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Oct 18 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME R. P. Bearden	(14) NAME BEFORE MARRIAGE Susie Ann Dodson
(9) PRESENT POSTOFFICE OF FATHER Pelzer SC	(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Pickens County	(18) BIRTHPLACE Pickens County
(13) OCCUPATION Mill work	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 10	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W R Dendy
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Nov 6 1923 (28) M L Crenshaw 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.