

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Walton

Township of Walton

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
53866

Inc. Town of

Registration District No. 401D

Registered No. 6

(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 Eddie Rose

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u> </u>	(5) Number in order of birth <u> </u> <small>to be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 6 1946</u> <small>(Name of Month)(Day)(Year)</small>
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FATHER

MOTHER

(8) FULL NAME William Rose

(14) NAME BEFORE MARRIAGE Bessie Rose

(9) PRESENT POSTOFFICE OF FATHER Walton SC #1

(15) PRESENT POSTOFFICE OF MOTHER Walton SC #1

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 17
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(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 Walton on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. K. Bell

(24) State of this Physician or Midwife MD (25) Address of Physician or Midwife Walton SC #2

Given name added from a supplemental report
 , 191...
Registrar

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

(27) Registrar (28) Local Registrar

MARGIN RESERVED FOR BINDING. 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.

*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.