

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson  
Township of Bowling Creek  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 3.02

File No.—For State Registrar Only  
40808

Registered No. 124  
(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 Samuel Levi Rose

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 22 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 28, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John David Rose  
(9) PRESENT POSTOFFICE OF FATHER Easley S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE Laurens Co., S.C.  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Heta Reese  
(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Years)  
(18) BIRTHPLACE Laurens 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 11 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 Physician (25) Address of Physician or Midwife Easley, S.C., Rt. 5

Given name added from a supplemental report

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

(27) Filed Jan 8, 1923 (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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