

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.
McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH
County of Pickens
Township of Easley
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
50222

Registration District No. 3702 Registered No. 12
(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. Mrs. Rosemond } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July, 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel Rosemond</u>			(14) NAME BEFORE MARRIAGE <u>Bettie Clark</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Easley, S.C. R.#1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Easley, S.C. R.#1</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Pickens Co. - S.C.</u>			(18) BIRTHPLACE <u>Pickens Co. - S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
(Born alive or stillborn) (Hour 10 a.m. or P.M.)

(23) (Signature) Mrs. L. M. Pennington

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Easley, S.C. R.#1

Given name added from a supplemental report

Registrar

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

(27) Filed Mar 7, 1916 (28) E. H. Wyatt
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.