(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Division of Vital Statistics
State Board of Health

File No.—For State Registrar Only
11765

County of Marlboro
Township of ~~Wright~~ Adamsville
or
Inc. Town of .....
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. 3300 Registered No. 68
(For use of Local Registrar)

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

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

FATHER.	MOTHER.
(8) FULL NAME Isaac Bears	(14) NAME BEFORE MARRIAGE Florence Quick
(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE [illegible]	(18) BIRTHPLACE North Carolina
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Twins at 5:45 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. A. Livingston M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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 Jan 5 1924 (28) C. L. Newton
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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MARGIN RESERVED FOR BINDING.
WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
R. R.—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.