

(1) PLACE OF BIRTH

County of PickensTownship of Centralor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Use
18791

Registration District No. Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Rose Lee Bearden

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 1 (6) Age of Parents Yes (7) DATE OF BIRTH July 10, 1923
 (Month of Month) (Day) (Year)

FATHER.(8) FULL NAME Cole Bearden(9) PRESENT POSTOFFICE OF FATHER Pateuchee, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
 (Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Cotton Mill Worker(20) Number of children born to mother, including present birth 1**MOTHER.**(14) NAME BEFORE MARRIAGE Minnie Moore(15) PRESENT POSTOFFICE OF MOTHER Pateuchee, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION ✓(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 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) F. L. Webb(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pateuchee, S. C.

Given name added from a supplemental report

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

(27) Filed July 1 19 23 (28) J. H. Bearden
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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