(1) PLACE OF BIRTH

County of Edgefield

Township of Moss

or

Inc. Town of

or

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 Only
23162

Registration District No. 1807 Registered No. 22
(For use of Local Reistrar)

(No. ..... St.; ..... Ward)

2) Full Name of Child Robert Grant Bean ) If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July, 19, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME James Grant Bean | (14) NAME BEFORE MARRIAGE Mary Ella Kemp |
| (9) PRESENT POSTOFFICE OF FATHER Edgefield S.C. | (15) PRESENT POSTOFFICE OF MOTHER Edgefield S.C. |
| (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years) | (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years) |
| (12) BIRTHPLACE Edgefield Co | (18) BIRTHPLACE Edgefield County |
| (13) OCCUPATION Farmer | (19) OCCUPATION Home Duties |
| (20) Number of children born to mother including present birth 2 | (21) Number of children of this mother now living, including present birth 2 |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A.R. Nicholson M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Edgefield S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug 1 1915 (28) L.R. Grimson
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.

Registrar Local Registrar.

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