

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH

County of

Sillan

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

Hamlet Bethea

Inc. Town of

Latta

Registration District No.

1606

Registered No.

67

City of

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

St.; Ward)

(2) Full Name of Child *Maria Kate Bethea*

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

(6) Are Parents Married? *Yes*

(7) DATE

BIRTH

Aug. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry L. Bethea

(9) PRESENT POSTOFFICE OF FATHER

Latta

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Latta S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Kate S. Corington

(15) PRESENT POSTOFFICE OF MOTHER

Latta

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Little Rock, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive*, at *Latta*, on the date above stated.(23) (Signature) *H. A. Edwards*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Latta, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

Aug 4, 1916

(28)

E. B. Bridges

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.