

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.

Form 5-6

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Woodruff*  
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  
139-22-051152

Registration District No. *4009* Registered No. *175*  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *X* (5) Number in order of birth *X* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *12-23-21*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Beason*  
(9) PRESENT POSTOFFICE OF FATHER *Switzer SC*  
(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *42*  
(Years)  
(12) BIRTHPLACE *Spky Co*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma Beason*  
(15) PRESENT POSTOFFICE OF MOTHER *Switzer SC*  
(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *40*  
(Years)  
(18) BIRTHPLACE *Spky Co*  
(19) OCCUPATION *Dom*  
(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 *Emma Beason* at *11:30* A.M.,  
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Dr. W. W. W. W.*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Woodruff SC*

Given name added from a supplemental report

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

(27) Filed *Jan 14 1922* (28) *Chas. L. Bayter* 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 stillbirth before the fifth month of pregnancy.