

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73735

## (1) PLACE OF BIRTH

County of LeeTownship of Starkville

Inc. Town of .....

City of .....

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

Registration District No. 3008Registered No. 58  
(For use of Local Registrar)

## (2) Full Name of Child.

Walter Malcolm Beel

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 2(6) Are Parents Married? Yes(7) DATE OF BIRTH May 10 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Beel(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C. R. 2(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE Lee Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Joany(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C. R. 6(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Lee Co(19) OCCUPATION Housewife(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 8 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Harris(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Bishopville SC

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 8-29-16

1916

(28)

C. H. Pace

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.

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.

McCauley of Columbia.