

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.

(1) PLACE OF BIRTH

County of **Abbeville**

Township of

or
Inc. Town of

City of **Abbeville**

(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

20617

Registration District No. **112** Registered No. **75**

(For use of Local Registrar)

2) Full Name of Child **Claude Benjamin Beggs** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? **1** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **July 16 1922**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Frank Beggs**

(9) PRESENT POSTOFFICE OF FATHER **Abbeville S.C**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **26** (Years)

(12) BIRTHPLACE **Elbert Co Ga.**

(13) OCCUPATION **Mill work**

(14) Number of children born to mother, including present birth { **2**

MOTHER.

(14) NAME BEFORE MARRIAGE **Annie Green**

(15) PRESENT POSTOFFICE OF MOTHER **Abbeville, S.C.**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **25** (Years)

(18) BIRTHPLACE **Abbeville 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 **5 A** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **C.C. Gambrell, M.D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Abbeville 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 **July 20 1922** (28) **Miss Lelia Wallis** Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

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.