

Form No. 1.

(1) PLACE OF BIRTH

County of *York*Township of *North Hill*or
Inc. Town ofor
City of

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

(2) Full Name of Child *Samuel John Beck*(3) BOY OR GIRL
Boy(4) Twin or triplet
X(5) Month or season of birth
Spring(6) Am. born
Yes(7) DATE OF BIRTH
Feb. 12

(Name of Month, Day, Year)

FATHER.

(8) FULL NAME
John Beck(9) PRESENT POSTOFFICE OF FATHER
Side St. City(10) COLOR OR RACE
Indian(11) AGE IN LAST BIRTHDAY
20

(Years)

(12) BIRTHPLACE
Georgia(13) OCCUPATION
Miner(20) Number of children born to mother, including present birth
1

MOTHER.

(14) NAME BEFORE MARRIAGE
Sally R. Brown(15) PRESENT POSTOFFICE OF MOTHER
"(16) COLOR OR RACE
Indian(17) AGE IN LAST BIRTHDAY
20

(Years)

(18) BIRTHPLACE
Yark Co(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4:25 P.M.* on the date above stated.
(born alive or stillborn) (Month, Day, Year)(23) (Signature) *L. L. Gray, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

(Signature of witness necessary only when question 22 is signed by physician)

(27) Filed *2/17*

(28)

When there was no attending physician or midwife, then the father, householders, etc., should sign this statement. 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.

WHEN 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.

City of Columbia

CERTIFICATE OF BIRTH

HEADQUARTERS, U.S. ARMY, DISTRICT OF COLUMBIA
Bureau of Civil Statistics
State Board of Health

FILE NO.—FOR REGISTRATION ONLY

50759

Order use of local authorities

It should be not yet received, unless supplemental report is filed.