

(1) PLACE OF BIRTH

County of *Aiken*Township of *Bregg*

or

Inc. Town of

or *Marrewill R.F.D.*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20693

Registration District No. *207*Registered No. *53*

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child *Edna Ellen Beck*

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 OF BIRTH *July 27, 22*
(Name of Month) (Day) (Year)(8) FULL NAME *Mr. Caleb Beck*(9) PRESENT POSTOFFICE OF FATHER *Marrewill, F.F.D.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *37*
(Years)(12) BIRTHPLACE *Williston, S.C.*(13) OCCUPATION *Teacher & Farming*(20) Number of children born to mother, including present birth *12*(14) NAME BEFORE MARRIAGE *Emma May Martin*(15) PRESENT POSTOFFICE OF MOTHER *Graniteville, S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *23*
(Years)(18) BIRTHPLACE *Augusta Ga.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *12*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:00 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. F. Turnbull, D.S., M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Graniteville, S.C.

Given name added from a supplemental report

Edna Ellen Beck
..... 19

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 1st 22* (28) *Dr. F. Turnbull, D.S., M.D.*
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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.