

FORM NO. 1.

(1) PLACE OF BIRTH

County of SaludaTownship of No 5Inc. Town of Saluda

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 Only

70294

Registration District No. 3924 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Chattie Beaton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>one</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>20 of June 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charles Beaton(9) PRESENT POSTOFFICE OF FATHER Saluda R.H.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY (Years) 24(12) BIRTHPLACE Saluda County S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Beaton(15) PRESENT POSTOFFICE OF MOTHER Saluda(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) 24

(18) BIRTHPLACE

(19) OCCUPATION

(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 Born, at Saluda, M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John L. Harris(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

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

(27) Filed June 1914 (28) Edgar A. Law 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.

WHITE 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.
McGaw, of Columbia.