

WHILE PLACING WITH UNPAIDING ONE—THIS IS A FURNISHED RECORD.  
 N. B. In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question's  
 HIGH SEVEN, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Ort.  
 Township of Ort.  
 or  
 Inc. Town of .....  
 or  
 City of Ort.  
 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  
**2236**

Registration District No. 3619 Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child Not named yet

(No. .... St. .... Ward)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin Yes (5) Number in order of birth 10 (6) Are Parents Married? Yes  
 To be answered only in case of Twins or Triplets

FATHER

(8) FULL NAME Sam. Beeth  
 (9) PRESENT POSTOFFICE OF FATHER Ort. R3 SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Ort. CO SC  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Holman  
 (15) PRESENT POSTOFFICE OF MOTHER R3 Ort. SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE Ort. CO SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born on the date above stated.  
 (23) (Signature) M. D. ...  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

(Given name added from a supplemental report)  
 (26) Witness (Signature of Witness necessary only when question is signed by mother)  
 (27) Filed 11/1/22 (28) 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.

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.