

(1) PLACE OF BIRTH
County of Berkeley.....
Township of E......
Inc. Town of
or
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

No. 1.—For State Register Only
19447

Registration District No. H. 30. 2 Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Joseph B. Bettard

in day on Date <u>3</u> Day	(4) Time or Trimester	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married	(7) DATE OF BIRTH <u>Oct. 20, 1944</u> (Name of Month) (Day) (Year)
--------------------------------	--------------------------	--	-------------------------------	---

FATHER.

(8) FULL
NAME Dave Bettard
(9) PRESENT
POSTOFFICE
OF FATHER Kingstree
(10) COLOR
OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 35 (Years)
(12) BIRTHPLACE Berkeley
(13) OCCUPATION Farmer

(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE May Belle Harrison
(15) PRESENT
POSTOFFICE
OF MOTHER Kingstree
(16) COLOR
OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 22 (Years)
(18) BIRTHPLACE Berkeley
(19) OCCUPATION Housekeeper

(20) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive ad' A. M.,
on the date above stated. (Born alive or stillborn) (Name A. M. or P. M.)

(22) (Signature) Blossom X Bradley (23) Address of Physician or Midwife
(24) State whether Physician or Midwife midwife Kingstree

Given name added from a supplemen-
tal report

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

(27) Filed Jan. 16, 1945 (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."