Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

32186

Registration District No. 40-C Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child Troy Beckham (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Male

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Sept 30 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth .....

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Ila Beckham (widow)

(15) PRESENT POSTOFFICE OF MOTHER Inman S C R 3

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Spartanburg Co. S C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 30 A M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo E Thompson MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Inman S C

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Sept 30 1922 (28) C Allakers

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.

REGISTER REMEMBERED FOR BINDING.
WARNER PRINTING, STATIONERY & LITHOGRAPHING CO., INC.—THIS IS A REGISTRANCE BOOK.
NO. 20 WHITE PAPER 100 SHEETS PER BOOK 8 BOOKS TO A CASE. CASE WEIGHS 40 LBS.
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Bureau of Statistics, Form No. 2, with instructions.