

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beuchamp

or

Loc. 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

File No. For State Registrar Only

16689

Registration District No. 4000Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child

Beda Gladys Bailey

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(To be answered only in event of Twin or Triplets)

(5) Number in order of birth 8(6) Are Parents Married Yes

(7) DATE OF BIRTH

May 2 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Jas Robert Bailey

(14) NAME BEFORE MARRIAGE

Tishia Pauline Moore

(9) PRESENT POSTOFFICE OF FATHER

Greer SC

(15) PRESENT POSTOFFICE OF MOTHER

Greer SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Spartanburg Co

(18) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farming

(19) OCCUPATION

Domestic

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

8

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10-15 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

R. L. Marchant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 1922

(28)

J. C. Moore

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.