

McGraw-Hill, Columbia, S. C.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Marlboro,
Township of Smithville,
or
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

File No.—For State Registrar Only

23221

Registration District No. 3346... Registered No. 33.....
(For use of Local Registrar)

(2) Full Name of Child B. Beatwright, S. C. C. C. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18/1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Jim Beatwright,</u>	(14) NAME BEFORE MARRIAGE	<u>Isabelle Bridges,</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Kellock, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Kellock, S.C.</u>
(10) COLOR OR RACE	<u>Negro,</u>	(16) COLOR OR RACE	<u>Negro,</u>
(11) AGE AT LAST BIRTHDAY	<u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>38</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer,</u>	(19) OCCUPATION	<u>House Work,</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Daniels

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Kellock, S.C.

Given name added from a supplemental report

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

(27) Filed August 6. 1922 (28) W. H. Priest 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.