

(1) PLACE OF BIRTH

County of Horry
Township of Effingham
Inc. Town of
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42811

Registration District No. 2004 Registered No. 462
(For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward

2) Full Name of Child Bessie Elizabeth Becoat If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 8
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME A. J. Becoat
9) PRESENT POSTOFFICE OF FATHER Effingham SC.
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 6

MOTHER
14) NAME BEFORE MARRIAGE Eve Howe
15) PRESENT POSTOFFICE OF MOTHER
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION
21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:40 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorcas Regatt
(24) State whether Physician or Midwife 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 Dec 27 1915 (28) D. G. Heel 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.

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Form No. 10. MARGIN RESERVED FOR INDEXING. WHITE PLAINS, WEDGEMAN'S MARK. THIS IS A PERMANENT RECORD. N. B.—In case of twins or triplets use a SEPARATE BLANK for each child and mark the McCaw of Children. THIS CHILD, No. 1, THE OTHER, No. 2, etc., in question 8.