

## (1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of Yorkor  
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

54114

Registration District No. 44 Registered No. 15

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Mary Beaumgard If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet? No

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth 5(6) Are  
Parents  
Married? Yes(7) DATE OF BIRTH Mar. 24, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Roland Thomas Beaumgard(9) PRESENT POSTOFFICE OF FATHER York S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Insurance Agent(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Carrie McKnight(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. McKnight(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

....., 191.....

.....  
Registrar

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

(27) Filed Mar 27 1916 (28) M. J. Weller 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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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. McCaw, of Columbia.