

WRITE FULLY WITH WRITING INK—THIS IS A PERMANENT RECORD.  
 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.  
 State of Columbia, Columbia, S. C.

**(1) PLACE OF BIRTH**  
 County of Keeler  
 Township of Palmetto  
 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  
**735**

Registration District No. 1104 Registered No. 1  
 (For use of Local Registrar)

**(2) Full Name of Child** Andrew Beatty (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1922  
To be answered only in event of Twins or Triplets (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Beatty</u>	(14) NAME BEFORE MARRIAGE <u>Lucile Jeter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chester, S.C. #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chester, S.C. #2</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Chester County</u>	(18) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Union County</u>	(18) OCCUPATION <u>Housewife</u>
(19) OCCUPATION	(20) Number of children born to mother, including present birth <u>4</u>	(19) OCCUPATION	(21) Number of children of this mother now living, including present birth <u>3</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was Andrew at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Rena Glen  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark.)  
 ..... 19 ..... (27) Filed Jan 22 1922 (28) M. T. McDaniel 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.