

(1) PLACE OF BIRTH

County of Macon
 Township of
 or
 Inc. Town of Macon
 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

8433

Registration District No. 32 A Registered No. 22
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth
 To be answered only in event of Twin or Triplet (6) Age Parents Married? yes (7) DATE OF BIRTH Feb. 18, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Beasley
 (9) PRESENT POSTOFFICE OF FATHER Macon, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 4 (Years)
 (12) BIRTHPLACE Macon S.C.
 (13) OCCUPATION Lab. work
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ezzie Magill
 (15) PRESENT POSTOFFICE OF MOTHER Macon S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 4 (Years)
 (18) BIRTHPLACE Macon S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Rowell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Macon 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 Feb. 10, 1922(28) Sera M. Outgomez
 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.