

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

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

42675

Registration District No. 2207A

Registered No. 539
(For use of Local Registrar)

(2) Full Name of Child

Miller Mae Beckman

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

no

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Apr 9 21
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rosvill Beckman

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE Swain Twp.

(13) OCCUPATION tailor

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Silvia Parrie

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Wood N.C.

(19) OCCUPATION tailor

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Deek

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 4 1922

(28) A. H. Mackay
Local Registrar

19.....
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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