

(1) PLACE OF BIRTH

County of Anderson  
Township of Winston  
or  
Inc. Town of  
or  
City of

### CERTIFICATE OF BIRTH

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

Registration District No. 300

File No.—For State Registrar Only

13567

Registered No. 62  
(For use of Local Registrar)

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

(2) Full Name of Child Elizabeth Smith

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

3) ~~SEX~~ GIRL?  (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 16 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER

(9) FULL NAME Major Smith

(11) PRESENT POSTOFFICE OF FATHER Beeton SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Beeton SC

(13) OCCUPATION Section Hand RR

(20) Number of children born to mother, including present birth 3

#### MOTHER

(14) NAME BEFORE MARRIAGE Gus Clement

(15) PRESENT POSTOFFICE OF MOTHER Beeton SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Beeton SC

(19) OCCUPATION Farmer

(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 born at 6:30 A.M. on the date above stated. (Hour of Birth) (Hour, M. or P. M.)

(23) (Signature) W. P. Beaman, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beeton S.C.

Given name added from a supplemental report

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

(27) Exec. Jan 6 19 22 (28) Mrs. P. Beaman 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.

Dead 17 22

REG. OF S. CAROLINA, COLUMBIA, S. C. THIS FORM IS TO BE FILLED BY THE BIRTH PARENTS OR BY THE PHYSICIAN OR MIDWIFE, OR BY THE FATHER, HOUSEHOLDER, ETC., IN CASE OF STILLBIRTHS.