

## (1) PLACE OF BIRTH

County of JasperTownship of Robert

Inc. Town of .....

or

City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2607

No. 32737  
 (For use of Local Registrar)

Registered No. 58

(For use of Local Registrar)

(No. .... St. .... Word)

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

(2) Full Name of Child Queen Coleen Beaser

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

(3) Sex of Child Girl (4) Type of Birth Normal (5) Number in order of birth No (6) Are Parents Married No (7) DATE OF BIRTH Oct. 14, 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James B. Beaser(9) PRESENT POSTOFFICE OF FATHER Beaver Creek(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Jasper Co. S.C.(13) OCCUPATION Farm Keeper(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lily Beaser(15) PRESENT POSTOFFICE OF MOTHER Beaver Creek(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Jasper Co. S.C.(19) OCCUPATION Farm Keeper(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 born at 9 P.M. stillborn (Hour, A. M. or P. M.) on the date above stated.(23) (Signature) Louise S. Smith (24) (Signature) Milton H. Smith(25) (Signature) Milton H. Smith (26) (Signature) Milton H. Smith

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary on whom citation is signed by Registrar)

(28) Filed 10/26/23 (29) Milton H. Smith 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.

(Copy)