

N.B.—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 1.

**(1) PLACE OF BIRTH**

County of Beaufort  
 Township of Bluffton  
 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.)

**(2) Full Name of Child** Marion B. Beach (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 19 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME A. Kirk Beach  
 (9) PRESENT POSTOFFICE OF FATHER Bluffton, SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Colleton County SC  
 (13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bridie Hudson  
 (15) PRESENT POSTOFFICE OF MOTHER Bluffton, SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Beaufort County  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2  
 (21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) P. K. Smith M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bluffton SC

(Given name added from a supplemental report)

Janet Fairay  
Dec 19 1923  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. J. Smith  
 Local Registrar

(27) Filed Feb 26 1923 (28) W. J. 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.