

(1) PLACE OF BIRTH

County of LaurensTownship of Hunter'sInc. Town of Goldville, S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19260

Registration District No. a 2902Registered No. 68
(For use of Local Registrar)

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

(2) Full Name of Child Bertha Beasley

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>9</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 19th, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Edmond Beasley9) PRESENT POSTOFFICE OF FATHER Goldville, S.C.10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)12) BIRTHPLACE Near Reno---Laurens county13) OCCUPATION Farming.

MOTHER.

(14) NAME BEFORE MARRIAGE Teressa Hill(15) PRESENT POSTOFFICE OF MOTHER Goldville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Near Reno---Laurens County.(19) OCCUPATION Farming20) Number of children born to mother, including present birth Nine(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Alive at 250 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna L. Ray(24) State whether Physician or Midwife Midwife of Goldville, S.C.

Given name added from a supplemental report

(25) Witness V.P. Gall
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed July 5, 22 (27) J. L. H. Bailey
Registrar 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.

RECORDS OF TRINITY use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.