

(1) PLACE OF BIRTH

County of AndersonTownship of ArvinOR
Inc. Town ofOR
City of

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

(2) Full Name of Child Bessie MaeFile No.—For State Registrar Only
17565Registration District No. Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

3 SEX OR GIRL? <u>Girl</u>	4 Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Jan 23, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>John Speake</u>			14 NAME BEFORE MARRIAGE <u>Helen Clements</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Liberty SC R1</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Liberty SC R1</u>	
10 COLOR OR RACE <u>Negro</u>	11 AGE AT LAST BIRTHDAY <u>26</u> (Years)	16 COLOR OR RACE <u>Negro</u>	17 AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12 BIRTHPLACE <u>SC</u>		18 BIRTHPLACE <u>SC</u>		
13 OCCUPATION <u>Farmer</u>		19 OCCUPATION <u>Housewife</u>		
20 Number of children born to mother, including present birth <u>3</u>			21 Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Speake(24) State whether Physician or Midwife(25) Address of Physician or Midwife Liberty SC R2

(26) Witness

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

(27) Filed 2-3-22

19

(28)

Local Registrar.

Given name added from a supplemental report

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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