

(1) PLACE OF BIRTH

County of AndersonTownship of Prindleton

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 310

File No.—For State Registrar Only

5867

Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX <u>Girl</u>	(4) Twin <u>Yes</u> To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>2 22 23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Jim Beckley</u>	(14) NAME BORN MARRIED <u>Eula Howard</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Auction SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Auction SC</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>44</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(12) BIRTHPLACE <u>Greenville Co., S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>And. Co., S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:20 M.,
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) C. C. Foster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
ary report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Signed

Apr 14 1923

(28)

N. W. Leavright

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.W. Moore (x)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.