

No. 3

PLACE OF BIRTH

City of Myrtle Beach
 Township of Myrtle Beach
 or
 Town of Myrtle Beach
 or
 of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

2456-a

Registration District No. 4203

Registered No. 66

(For use of Local Registrar)

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

FULL NAME OF CHILD

Bessie Lee Lister

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

SEX OR
REL

girl

4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married?

7. DATE OF BIRTH

Jan 8

1923

(Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL
NAMEPRESENT
POSTOFFICE
OF FATHER

COLOR

RACE

BIRTHPLACE

OCCUPATION

NUMBER OF CHILDREN BORN TO
FATHER, INCLUDING PRESENT BIRTH

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

11. AGE AT LAST
BIRTHDAY

21

(Years)

MOTHER

14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE17. AGE AT LAST
BIRTHDAY

22

(Years)

18. BIRTHPLACE

19. OCCUPATION

20. Number of children of this mother
now living, including present birth

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 8 P.M.
 the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Name added from a supplemental report

19.

26. Witness

(Signature of Witness necessary only
when question 25 is signed by mother)

27. Filed

19.

28.

Local Registrar

There was no attending physician or midwife, then the father, householder, etc., should make this return.
 If it breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.