

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

County of Wadena
Township of # 3
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

23767

Registration District No. 3502 Registered No. 35.....
(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 Charles Beach (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH: <i>April 1962</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Jamson Black*
(9) PRESENT POSTOFFICE OF FATHER *Yemassee, S.C. #9*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *39* (Years)
(12) BIRTHPLACE *Spartanburg, S.C.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *8*

MOTHER

(14) NAME BEFORE MARRIAGE *Cla. McCarty*
(15) PRESENT POSTOFFICE OF MOTHER *Lewisville S.C. # 6*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY... *35* (Years)
(18) BIRTHPLACE *Wichita, Ks.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *1 7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed Aug 1 1922. (28) 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.