

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of Carlotta, S.C.

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

File No.—For State Registrar Only

46807

Registration District No. 3206 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child... J.D. Name } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 20 1916

To be reported only in event of Twins or Triplets

Name of Month (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Beaully (14) NAME BEFORE MARRIAGE Melanie Chane(9) PRESENT POSTOFFICE OF FATHER Marion, Marion (15) PRESENT POSTOFFICE OF MOTHER Marion, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Marion Co. S.C. (18) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 8 M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Harold A. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Marion Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 28 1916 (28) C. H. Wall Local Registrar

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.

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.