

## (1) PLACE OF BIRTH

County of Chester  
 Township of Chester  
 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

10482

Registration District No. 110Registered No. 41

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of ..... (No. ....) St. .... Ward .....

(2) Full Name of Child William Henry Beatty If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH April 29 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Beatty  
 (9) PRESENT POSTOFFICE OF FATHER Chester S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Free Union S.C.  
 (13) OCCUPATION working

## MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Hall  
 (15) PRESENT POSTOFFICE OF MOTHER Chester  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Chester S.C.  
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 2 children (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 1:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss Edith Beatty  
 (24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Chester R. 5

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28) Beatty

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.