

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only

45911

County of Colleton

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Heyward

or

Inc. Town of

or

City of

Registration District No. 1400

Registered No. 8

(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 Dead. Not named.

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

(3) BOY or GIRL Boy

(4) Twin or first?

(5) Name in order of birth

(6) Are you Married?

(7) DATE OF BIRTH Jan 13 1916

to be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER L. D. Bealand

(14) NAME BEFORE MARRIAGE Alma

(9) PRESENT POSTOFFICE OF FATHER Wallerboro SC

(15) PRESENT POSTOFFICE OF MOTHER Wallerboro SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Colleton Co SC

(18) BIRTHPLACE Colleton Co SC

(13) OCCUPATION Farmer

(19) OCCUPATION House Work

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Thompson

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

Midwife Wallerboro SC

Given name added from a supplemental report

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

(27) Filed Jan 20 1916 (28) W. B. Oakes 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.

MAKING RESERVED FOR BINDING. WHITE 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.