

## (1) PLACE OF BIRTH

County of Spartanburg S.C.Township of "or  
Inc. Town of "or  
City of "

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

(2) Full Name of Child Lois Idell Beel(3) BOY OR GIRL girl(4) Twin or Triplet? No(5) Number in order of birth -(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 1, 1922

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

FATHER.

(8) FULL NAME Joseph Heland Beel

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 1st.

MOTHER.

(14) NAME BEFORE MARRIAGE Idell Lockaby

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION House

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:25 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harry Stewart M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife W.H.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-1-1922(28) Jas. Cohen

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.

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