

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville

(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

21087

Registration District No. 229 Registered No. 229

(For use of Local Registrar)

(No. Greenville City High St.; ..... Ward)(2) Full Name of Child Nellie Belle Beane

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 19 - 23</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samuel M. Beane(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 41  
(Years)(12) BIRTHPLACE Greenville Co. S.C.(13) OCCUPATION Real Estate Agent(20) Number of children born to mother, including present birth Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Belle Smith(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive 2:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Bates M.D.

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

(Given name added from a supplemental report)

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 25 - 23 (28) C. Smith  
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.

Before the fifth month of pregnancy.