

(1) PLACE OF BIRTH

County of UpsonTownship of P. M. S. S. S.or
Inc. Town of Lockhartor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

37912

Registration District No. 4.40.5 Registered No. 80
(For use of Local Registrar)(No. 84 Ward)

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

(1) Full Name of Child James T. Beck If child is not yet named, make supplemental report as directed(2) SEX OF CHILD Boy (3) Twin or Triplet No (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Nov 5 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Monroe S. Beck(8) PRESENT POSTOFFICE OF FATHER Lockhart(9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 33 (Year)(11) BIRTHPLACE Atlanta(12) OCCUPATION Merchant Clerk(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Smith(15) PRESENT POSTOFFICE OF MOTHER Lockhart(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Greenville(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(22) (Signature) Charles Bradley M.D. (23) Address of Physician or Midwife Lockhart(24) State whether Physician or Midwife Physician

Give name added from a supplemental report

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

(26) Filed Dec 7 1923 (27) Local Registrar H. L. Gallman

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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