

Form No. 1

(1) PLACE OF BIRTH

County of OikenTownship of Essex

or

Inc. Town of.....

or

City of Warrville S.C.

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

(2) Full Name of Child

Wiber Beane

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? Yes7) DATE OF BIRTH July 27, 22

(Same of Month) (Day) (Year)

FATHER.

8) FULL NAME

Robert Beane

9) PRESENT POSTOFFICE OF FATHER

Warrville S.C.10) COLOR OR RACE colored11) AGE AT LAST BIRTHDAY 36

(Years)

12) BIRTHPLACE

Crispfield S.C.

13) OCCUPATION

Common laborer

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

16

MOTHER.

14) NAME BEFORE MARRIAGE

Annie Mae Beane

15) PRESENT POSTOFFICE OF MOTHER

Warrville S.C.16) COLOR OR RACE colored17) AGE AT LAST BIRTHDAY 27

(Years)

18) BIRTHPLACE

Oiken Co.

19) OCCUPATION

House wife

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... Alive..... at..... 10.30 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. Bennett(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Warrville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 8, 22

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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.