

FORM NO. 1.

(1) PLACE OF BIRTH

County of Worcester

Township of Worcester

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46068

Registration District No. 1704 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Beatrice Rhoads

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26 1906
(Year of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. S. Rhoads

(9) PRESENT POSTOFFICE OF FATHER Pregnalls

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE near Worcester

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pendennis

(15) PRESENT POSTOFFICE OF MOTHER Pregnalls

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE near Worcester

(19) OCCUPATION Housewife

(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 Alive at 12 Mid.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) L. B. Harley

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Worcester

When made stillborn a Supplemental report

1st

2nd

3rd

4th

5th

6th

7th

8th

(25) Witness L. C.

(Signature of Witness when question is signed by mother)

(27) Filed Jan 26 1906 (28) L. H. McKisick
Local Registrar

When there was no attending physician or midwife, when the father, householder, etc., should make this return. If the child was born alive, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MASSACHUSETTS BUREAU OF VITAL RECORDS. THIS IS A PERMANENT RECORD. IN CASE OF DEATH OR MARRIAGE OF THE CHILD, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF THE CHILD IN QUESTION, No. 1, THE OTHER, No. 2, etc., IN QUESTION 5.