

(1) PLACE OF BIRTH

County of Sumter S.C.

Township of

or
Inc. Town of

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 HealthNo. 5321Registration District No. 41-A Registered No. 34
(For use of Local Registrar)(2) Full Name of Child David Joel Beaton (If child is not yet named, make supplemental report as directed)3) SEX OF CHILD Male 4) Twin or Triplet ✓ 5) Number in order of birth 2 6) Age of Child Yes 7) DATE OF BIRTH Feb 21, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Washington Beaton9) PRESENT POSTOFFICE OF FATHER Sumter S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 24
(Years)12) BIRTHPLACE Summerton S.C.13) OCCUPATION Operator Western Union14) Number of children born to mother, including present birth 2

MOTHER.

15) NAME BEFORE MARRIAGE Leila Beaton16) PRESENT POSTOFFICE OF MOTHER Sumter S.C.17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 33
(Years)19) BIRTHPLACE Sumter S.C.20) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. S. Beaton (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 Mar 1, 1923 D. O. Browning 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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MAKING MEMORANDUM FOR BUREAU OF VITAL STATISTICS. WITH PLACED. WITH UNPAID LINE. IN A PERMANENT NUMBER. N. B.—In case of twins or triplets use a SUPPLEMENTAL REPORT FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THIS SYSTEM, No. 2. etc. In question 2. Section of Columbia, Columbia, S. C.