

(1) PLACE OF BIRTH

County of Lancaster
 Township of Watts Creek
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1731

Registration District No. 7001Registered No. 76
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elbert S. Beckham 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 Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Jan. 4, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Bob Beckham</u>			14. NAME BEFORE MARRIAGE <u>James Nicholson</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Lancaster</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Lancaster</u>	
10. COLOR OR RACE <u>W</u>	11. AGE AT LAST BIRTHDAY <u>34</u> (Years)	16. COLOR OR RACE <u>W</u>		17. AGE AT LAST BIRTHDAY <u>29</u> (Years)
12. BIRTHPLACE <u>Lancaster</u>			18. BIRTHPLACE <u>York Co</u>	
13. OCCUPATION <u>C. Mill Hand</u>			19. OCCUPATION <u>House wife</u>	
20. Number of children born to mother, including present birth <u>19</u>			21. Number of children of this mother now living, including present birth <u>19</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4:15 P.M.
 on the date above stated. (Born alive or ~~dead~~) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
1414 Lancaster

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 19, 1922

(28)

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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