

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

46893

County of Marlboro,.....Township of Smithville,...or
Inc. Town ofor
City ofRegistration District No. 3526...Registered No. 19.....
(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 Leary Beatwright,..... { 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
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 22, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Beatwright(14) NAME BEFORE MARRIAGE Rosanna Kelleck(9) PRESENT POSTOFFICE OF FATHER Kelleck, S.C.(15) PRESENT POSTOFFICE OF MOTHER Kelleck, S.C.(10) COLOR Negro, (11) AGE AT LAST BIRTHDAY 29
OR RACE (Years)(16) COLOR Negro, (17) AGE AT LAST BIRTHDAY 34
OR RACE (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Babrer(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness P. J. Pegues,.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 4, 1916 (28) W. H. Priest
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.