

(1) PLACE OF BIRTH

County of LarrensTownship of Larrensor
Inc. Town ofor
City of(No. St.; Ward)
(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

90637

Registration District No. 4904 Registered No. 155
(For use of Local Registrar)(2) Full Name of Child Lillie May Beachy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1916</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Ymond Beachy(9) PRESENT POSTOFFICE OF FATHER Larrens SC R#2(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Six

MOTHER

(14) NAME BEFORE MARRIAGE Lavinia Rice(15) PRESENT POSTOFFICE OF MOTHER Larrens SC R#2(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 47 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer W.K.(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. L. Davis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Lella Barnes
(Signature of Witness necessary when question 23 is signed "Mark")(27) Filed Dec 19 1916 (28) L. B. Beachy 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.