

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Dillon
Township of Manning
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 91605

FILE No.—For State Registrar Only
00287

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Alpheus Victor Bethea, Jr.
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

3. Boy ☒ Girl ☐ If Plural Births _____
4. Twins, triplets or other _____
5. Number, in order of birth _____
6. Premature _____
7. Are Parents Married? yes
8. Date of birth Dec-23- 1916
(Month, day, year)

9. Full name FATHER
Alpheus Victor Bethea
10. Residence (mailing address)
(If non-resident, give place and State) Dillon, S.C.

11. Color or race White 12. Age at child's birth 30 (years)
13. Birthplace (city or place)
(State or country) Dillon County, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Acorn Farm
16. Date (month and year last engaged in this work) Nov-23-1942
17. Total time (years) spent in this work 33

18. Name before marriage MOTHER
Mattie Cooper
19. Residence (mailing address)
(If non-resident, give place and State) Dillon, S.C.

20. Color or race White 21. Age at child's birth 30 (years)
22. Birthplace (city or place)
(State or country) Mullins, S.C.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Acorn Home
25. Date (month and year) last engaged in this work Nov-23-1942
26. Total time (years) spent in this work 31

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, months weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Dr. L. F. Johnson I hereby certify that he attended the birth of this child, who was alive at 12 noon on the date above stated.
(Born alive or stillborn)

I certify that he instilled or had instilled in the eyes of this child at 1230 P. M. on above date Argyrol 50%
(Name of Prophylactic)

Cleft Palate no Hare Lip no Other Deformities none (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____
(Date of)

(Signed) _____ M. D.
or Minnie Hyatt, Reg. Nurse
Address Dillon, S.C.
Filed Feb. 27, 1942 M. B. Woodward, M. D.
Registrar

Registrar