

16 093511

FILE No.—For State Registrar Only

00287

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 91605

Registered No. (For use of Local Registrar)

1. PLACE OF BIRTH

County of DillonTownship of Manningor
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)

2. FULL NAME OF CHILD

Alpheus Victor Bethea, Jr.

If child is not yet named, make supplemental report as directed.

3. Boy Girl

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents Married? yes

8. Date of birth

Dec-23- 1942
(Month, day, year)

9. Full name

FATHER
Alpheus Victor Bethea

18. Name before marriage

MOTHER
Mattie Cooper

10. Residence (mailing address) (If non-resident, give place and State)

Dillon, S.C.

19. Residence (mailing address) (If non-resident, give place and State)

Dillon, S.C.

11. Color or race

White12. Age at child's birth 30 (years)

20. Color or race

White21. Age at child's birth 30 (years)

13. Birthplace (city or place) (State or country)

Dillon County, S.C.

22. Birthplace (city or place) (State or country)

Mullins, S.C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

Acron Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Own Home

16. Date (month and year last engaged in this work)

17. Total time (years) spent in this work 33

25. Date (month and year) last engaged in this work

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, period of gestation

months _____ weeks _____

29. Cause of stillbirth

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Dr. L. F. Johnson

I hereby certify that I attended the birth of this child, who was alive at 12 noon on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 12:30 P. M. on above date.(Name of Prophylactic) Argyrol 5%Cleft Palate noHare Lip noOther Deformities none

(Specify)

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

(Signed)

Minnie Hyatt, Reg. Nurse

Given name added from a supplementary report

(Date of)

Address Dillon, S.C.Filed Feb. 27, 1942 M. B. Woodward, M. D.
Registrar.

Registrar.

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)