

(1) PLACE OF BIRTH

County of Laurie  
Township of Laurie  
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

43313

Registration District No. 7904 Registered No. 157  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward)

(2) Full Name of Child Thelma Beasley

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 1 1917  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Beasley  
(9) PRESENT POSTOFFICE OF FATHER Laurie SC  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Laurie Co SC  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Wilson  
(15) PRESENT POSTOFFICE OF MOTHER Laurie SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Laurie Co SC  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. on the date above stated. (Not alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lennie Choppe  
(24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Laurie SC

Given name added from a supplemental report

(26) Witness W. H. Bishop  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1917 (28) W. H. Bishop Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.