

1. PLACE OF BIRTH

County of NelsonTownship of Horseshoe

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18389

Registration District No. 1602Registered No. 70

(For use of Local Registrar)

If born in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child Clarence Bethea If child is not yet named, make supplemental report as directed

3. SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 13 22</u>
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FATHER.
NAME Ben BetheaPRESENT RESIDENCE Little Rock ArAGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE ArOCCUPATION FarmerNumber of children born to father including present birth oneMOTHER.
(14) NAME BEFORE MARRIAGE Ila Purnell(15) PRESENT POSTOFFICE OF MOTHER Deaton Ar R 3(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Ar(19) OCCUPATION Dom work(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born at Ar on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thelma Parley(24) State whether Physician or Midwife (25) Address of Physician or Midwife McLure, Murren, Ar

When name added from a supplemental report

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(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 22

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(28) W. H. Hardy

Local Registrar

When 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.

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