

(1) PLACE OF BIRTH

County of Lanier
 Township of Lanier
 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

3897

Registration District No. 15W4Registered No. 15W4
(For use of Local Registrar)

(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

Henry Beel

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

1) BOY OR GIRL.....

4) Twin or Triplet? only5) Number in order of birth 4
To be answered only in event of Twins or Triplets6) Are Parents Married? yes7) DATE OF BIRTH Jan 11 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Paul Beel

9) PRESENT POSTOFFICE OF FATHER

Lanier S.C.

10) COLOR OR RACE

W.11) AGE AT LAST BIRTHDAY 63
(Years)

12) BIRTHPLACE

Lanier S.C.

13) OCCUPATION

farmer

20) Number of children born to mother, including present birth

4

MOTHER.

14) NAME BEFORE MARRIAGE

Augusta Matford

15) PRESENT POSTOFFICE OF MOTHER

Lanier S.C.

16) COLOR OR RACE

W17) AGE AT LAST BIRTHDAY 27
(Years)

18) BIRTHPLACE

Lanier S.C.

19) OCCUPATION

Domestic

21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. L. Boykin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/13 1922(28) P. J. Howard

(29) 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.

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