

MAKING A COPY OF THIS FORM FOR EACH CHILD, AND MARK THE
VITAL PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD,
N. B.—In case of twins or triplets use a separate blank for each child, in question 8,
Magaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Shartland
Township of
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

5812

Registration District No. 4008 Registered No. 22
(For use of Local Registrar)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? - (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Janna S. D. Bealme
(9) PRESENT POSTOFFICE OF FATHER Bealme Inst. Inst.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)
(12) BIRTHPLACE York S. C.
(13) OCCUPATION Minister
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Addie N. Whistler
(15) PRESENT POSTOFFICE OF MOTHER Bealme Inst. Inst.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)
(18) BIRTHPLACE Shartland S. C.
(19) OCCUPATION Housewife
(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 alive at 11:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Nelson (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 Jan 25, 1922 (28) C. F. Parker 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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