

MARGIN RESERVED FOR BINDING.

W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Dorchester

Township of Bedlam

Inc. Town of Bedlam

City of Bedlam

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

(2) Full Name of Child Bela Staley

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: 10 Oct 21 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank Staley

(9) PRESENT POSTOFFICE OF FATHER Bedlam, B.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Miss Carrie Jones

(15) PRESENT POSTOFFICE OF MOTHER Bedlam, B.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. A. S. Staley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bedlam, B.C.

Given name added from a supplemental report

M.B. Woodard, M.D.

12-1-21 1921 Registrar

(26) Witness R. G. Long, Jr. (Signature of Witness/necessary only when question 23 is signed by mark)

(27) Filed 19 (28) Wm. H. S. S. S. S. 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.