

16 093588

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

or

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

55692-a

Registered No. 63
(For use of Local Registrar)

St.; Ward)

(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dana B. Betteau

(9) PRESENT POSTOFFICE OF FATHER

Ridgeway, S. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Betteau

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeway, S. C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Hattie James

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Ridgeway, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/24/20

(28)

T. E. Hodges
Local Registrar.

19 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCraw of Columbia, Columbia, S. C.