

Form No. 1

(1) PLACE OF BIRTH

County of Pillar
Township of Pillar
or
Inc. Town of Latta
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

3860

Registration District No. 1646

Registered No. 5
(For use of Local Registrar)

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

(2) Full Name of Child Elizabeth Rebecca Betha

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

(3) SEX GIRL (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 13th 1923
(Time of Birth) (Day) (Year)

FATHER

(8) FULL NAME Frank Betha

(9) PRESENT POSTOFFICE OF FATHER Latta S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE Sellers S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Wilkinson

(15) PRESENT POSTOFFICE OF MOTHER Latta S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
(Year)

(18) BIRTHPLACE Latta S.C.

(19) OCCUPATION Farming

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 10201 M., on the date above stated.

(22) (Signature) Sallie Crocker Latta S.C.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness H. F. Eastling
(Signature of Witness necessary only when question 23 is signed by mother)

Filed Jan 27 1923 at Latta S.C.

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child becomes even sick, it shall be reported as such. No report is desired of children before the first month of pregnancy.