

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Harleyville
 or
 Inc. Town of Little Rock
 or
 City of

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

File No.—For State Registrar Only
42078

Registration District No. 1602 Registered No. 138
 (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 Caroline Bethea If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>X</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 6 1922</u> (Name of Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Irving Bethea
 (9) PRESENT POSTOFFICE OF FATHER Little Rock S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Dillon County
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Katie Manning
 (15) PRESENT POSTOFFICE OF MOTHER Little Rock S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Dillon County
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Dec 6 at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James M. Breeden
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock

Given name added from a supplemental report

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

(27) Filed Dec 15 1922 (28) 1922 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.

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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.