

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Dillon
 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
3656

Registration District No. 16A.6

Registered No. 4
 (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

Betha
 (No. St. Ward)
 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 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 29 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arch Bethea
 (9) PRESENT POSTOFFICE OF FATHER Latta
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Arilla Jones
 (15) PRESENT POSTOFFICE OF MOTHER Latta SC
 (16) COLOR OR RACE Callard (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) L. J. McQuinn
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed 2/27 1923(27) W. F. Rogers

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.