

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of W. 5.

OR

Inc. Town of Buck Lick

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42243

Registration District No. 1704 Registered No. 7

(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 Lee Cleve Beeton

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 29 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Caesar Beeton

(9) PRESENT POSTOFFICE OF FATHER Buck Lick

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE Spartanburg

(13) OCCUPATION Day Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Loretta Beeton

(15) PRESENT POSTOFFICE OF MOTHER Buck Lick

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION work in field

(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 Born alive at 7 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Duns(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Buck Lick

Given name added from a supplemental report

(26) Witness M. M. Barnes
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 6 1924 (28) M. M. Barnes
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.

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