

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 8.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Spartanburg*
or
Inc. Town of *Whitney*
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5815

Registration District No. *4.008* Registered No. *33*
(For use of Local Registrar)

(2) Full Name of Child *Margaret Lillian Begwell*

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 18 1922</i> (Same of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Fletcher Begwell</i>			(14) NAME BEFORE MARRIAGE <i>Jessie Allen</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Whitney S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Whitney S.C.</i>	
(10) COLOR OR RACE <i>white</i>			(16) COLOR OR RACE <i>white</i>	
(11) AGE AT LAST BIRTHDAY <i>26</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>24</i> (Year)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>N.C.</i>	
(13) OCCUPATION <i>cotton mill operator</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *W. H. Chapman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Whitney 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

Feb. 20 1922 (28) *C. H. Parker* 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.

Before the fifth month of pregnancy, 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.