

Form No. 1

## (1) PLACE OF BIRTH

County of Union  
Township of Fish Bow

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

66521

Inc. Town of ..... Registration District No. 4203 Registered No. 26  
(For use of Local Registrar)City of ..... (No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Clarence Beashaw If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 1906  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Arthur Beashaw(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 13

## MOTHER

(14) NAME BEFORE MARRIAGE Margaret Jones(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Peter X. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Carlisle, 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 July 5 1906 (28) P. H. Jones 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.

WITH PLAIN, WITH ENDORSEMENT. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5.