

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

19201

NAME OF CHILD

City of *Myrtle Beach*
County of *G. Lee*
Town of *Myrtle Beach*

Registration District No. *407*

Registered No. *49*
(For use of Local Registrar)

City of *Myrtle Beach* (No. *407* St. *49* Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

1. SEX *girl* (a) Twin or Triplet *No* (b) Number in order of birth *1* (c) Are Parents Married *Yes* (d) DATE OF BIRTH *Jan 27 1923* (e) (Place of Birth) (Day) (Year)

FATHER.
2. FULL NAME *James Beckham*
3. PRESENT POSTOFFICE OF FATHER *Myrtle Beach*
4. COLOR OR RACE *White* (Year) *26*
5. BIRTHPLACE *Myrtle Beach*
6. OCCUPATION *Abbringer*
7. Number of children born to father, including present birth *10*

MOTHER.
8. NAME BEFORE MARRIAGE *Miriam Jackson*
9. PRESENT POSTOFFICE OF MOTHER *Myrtle Beach*
10. COLOR OR RACE *White* (Year) *25*
11. BIRTHPLACE *Myrtle Beach*
12. OCCUPATION *None*
13. Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(14) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (How A. M. *11 A.M.*) on the date above stated.

(15) (Signature) *D. T. Smith* (16) Address of Physician or Midwife *Myrtle Beach*
(17) State whether Physician or Midwife *Physician*

Give name added from a supplemental report
19
Registrar

(18) Witness *Mrs. J. C. White* (Signature of Witness necessary only when question 23 is signed by mark)
(19) Filed *July 9 1923* (20) 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.

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