

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Henry
Township of Little River
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only

22657

Registration District No. 2007, Registered No. 36
(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 Helena Rhodell Beecom (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Nesley Beecom
(9) PRESENT POSTOFFICE OF FATHER Houma SC
(10) COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE SC.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Six

MOTHER.
(14) NAME BEFORE MARRIAGE Arline Smith
(15) PRESENT POSTOFFICE OF MOTHER Houma SC
(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE M.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lizzie Comor
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 7 1922 (28) Ed McConley 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.