

FORM NO. 1
MARGIN RESERVED FOR BINDING.
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.
McClaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		64450	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>22 A</u>		Registered No. <u>254</u>	
or				(For use of Local Registrar)	
City of <u>Greenville</u>		(No. <u>607</u> , <u>Pittsboro</u>)		St.; <u>2</u> Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>James Arnold Beattie</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 27</u> 19 <u>16</u>	
Is he covered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jonathan Lee Beattie</u>			(14) NAME BEFORE MARRIAGE <u>James Arnold</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Greenville</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>		
(13) OCCUPATION <u>Banker</u>			(19) OCCUPATION <u>House-wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:45 A.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>David J. McManis</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report					
..... 191.....					
..... Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>June 28</u> 191 <u>6</u> (28) <u>C. Smith</u> 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.