

Form No. 1

(1) PLACE OF BIRTH

County of *McCormick*

Township of *Mt. Carmel, S. C.*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Thomas Beecher*

File No.—For State Registrar Only

39327

Registration District No. *4504* Registered No.
(For use of Local Registrar)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Nov 30 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Bennie Beecher*

(9) PRESENT POSTOFFICE OF FATHER *Mt. Carmel, S. C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *27*
(Years)

(12) BIRTHPLACE *Abbeville, S. C.*

(13) OCCUPATION *Farm*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Shelia Taylor*

(15) PRESENT POSTOFFICE OF MOTHER *Mt. Carmel, S. C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *22*
(Years)

(18) BIRTHPLACE *Abbeville, Co., S. C.*

(19) OCCUPATION *Farm hand*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7:00 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Miee Beecher*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mt. Carmel, 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 *Dec 10 1922* (28) *D. J. McCall* 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.