

(1) PLACE OF BIRTH

County of UnionTownship of Across Top

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53970

Registration District No. 4200 Registered No. 8

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Waywood McBeth

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 26</u> 191 <u>6</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William McBeth</u>	(14) NAME BEFORE MARRIAGE <u>Lilly Eepps</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sedalia S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sedalia S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Union S.C.</u>	(18) BIRTHPLACE <u>Union S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marshall Pitt(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Across Top S.C.

Given name added from a supplemental report

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(26) Witness Alair Mosley

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191... (28) Dr. Mosley

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.

MARGIN RESERVED FOR BINDING.

WRITING 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.

McCaw, of Columbia