

(1) PLACE OF BIRTH

County of Greenwood
Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64614

Inc. Town of or
City of Greenwood Registration District No. 13 A Registered No. 43
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)
St.; ... Ward)

(2) Full Name of Child Charles Leland Beaudrot If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet Single (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Leland Beaudrot

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Greenwood S.C.

(13) OCCUPATION Book Keeper

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Cory Mowley

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Greenwood S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Hughes M.D.
(24) Physician whether Physician or Midwife (25) Address of Physician or Midwife Greenwood 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 6/17 1916 (28) W. A. Williams 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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REGISTRATION DISTRICTS ARE DESIGNATED BY LETTERS A THROUGH Z. IN CASE OF TWIN OR TRIPLET BIRTHS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUANTITIES. REGISTERED IN GREENWOOD COUNTY, SOUTH CAROLINA, ON JUNE 15, 1916.