

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Oconee
Township of Center
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

39532

Registration District No. 8500

Registered No. 156
(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

Beechel Blain Gubbs

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 19 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John W. Gubbs

(9) PRESENT POSTOFFICE OF FATHER Fair Play

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Melba E. Michie

(15) PRESENT POSTOFFICE OF MOTHER Fair Play

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

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. E. Michie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fair Play

Given name added from a supplemental report

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

(27) Filed Dec. 8 1922 (28) M. E. Michie 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.