

(1) PLACE OF BIRTH

County of BeaufortTownship of SheldonOR
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 6032 Registered No. 29
(For use of Local Registrar)
St.; Ward)(2) Full Name of Child Bessie Pluenix

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of twins or triplets)

(6) Are Parents Married? No(7) DATE OF BIRTH June 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE Albertha Pluenix(15) PRESENT POSTOFFICE OF MOTHER Wale, S. C.(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(Years) 17(18) BIRTHPLACE Sumner, S. C.(19) OCCUPATION Farmer's daughter

(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 alive, at 8:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wesley X. Regard

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

Midwife Wale, S. C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness Wesley X. Regard
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 2, 1916 (28) Mein father
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. H.—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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
63208