

(1) PLACE OF BIRTH

County of Laurin

Township of Sullivan

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2906 Registered No. 9
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46719

(2) Full Name of Child. Claude Bennett Beers
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets.

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Bennett Beers

(9) PRESENT POSTOFFICE OF FATHER Wares Shoals SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Laurin SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Meadows

(15) PRESENT POSTOFFICE OF MOTHER Wares Shoals SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Laurin SC

(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 born alive at 2:20 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Wares Shoals SC

Given name added from a supplemental report

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

(27) Filed Feb 2 1916 (28) J. J. Sullivan 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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WHEN PLAINED, 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.
S. C. B. 100
State of Columbia