

Form No. 1

(1) PLACE OF BIRTH

County of Mayhew
 Township of Red Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

21907

Registration District No. 3307 Registered No. 30
 (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 Elvie Bell Bethen If child is not yet named, make supplemental report as directed

(3) Sex of Child Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 16, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl Bethen
 (9) PRESENT POSTOFFICE OF FATHER Blacksburg
 (10) COLOR OR RACE Occ (11) AGE AT LAST BIRTHDAY 27
 (Year) (12) BIRTHPLACE AL
 (13) OCCUPATION Turner
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Bethen
 (15) PRESENT POSTOFFICE OF MOTHER Blacksburg
 (16) COLOR OR RACE Occ (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE AL
 (19) OCCUPATION Housewife
 (20) 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 B. alive at 5:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Campbell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 25, 1923 (28) H. E. Evans 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.