

(1) PLACE OF BIRTH
 County of York
 Township of
 or
 Inc. Town of
 or
 City of York (No. 810 Duke St)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
57233

Registration District No. 218 Registered No. 24
 (For use of Local Registrar)
 St.: Ward)

(2) Full Name of Child Laura E. Beade } 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 1st (6) Are Parents Married? no (7) DATE OF BIRTH March 19 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wesley Beade
 (9) PRESENT POSTOFFICE OF FATHER York
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Yorkville
 (13) OCCUPATION Butcher
 (20) Number of children born to mother, including present birth 1st

MOTHER.
 (14) NAME BEFORE MARRIAGE Laura Grate
 (15) PRESENT POSTOFFICE OF MOTHER York
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE York
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sallie Myers, Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sallie Myers

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 19 1916 (28) W. H. Byler, Jr. 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.

WHERE PLAINLY VISIBLE, WITH COMPASSING PEN, DRAW A TRIANGULAR MARK FOR EACH CHILD, AND MARK THE FIRST-BOUN No. 1. THE OTHER, No. 2, etc., in question 8.