

WRITE PLAINLY, 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 1.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Hamburg
 Township of Marion
 OF
 Inc. Town of.....
 OF
 City of

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

File No.—For State Registrar Only
26590

Registration District No. 4306 Registered No. 40
 (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 John Jay Beardslee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 31, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Beardslee
 (9) PRESENT POSTOFFICE OF FATHER Cades S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45
 (12) BIRTHPLACE Clarendon Co.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Caroline Burgess
 (15) PRESENT POSTOFFICE OF MOTHER Cades S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Hamburg Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Lancey Wheeler
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. C. McEldon
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) filed Aug 20 1923 (28) J. T. Finson
 Registrar 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.