

Form No. 1

## (1) PLACE OF BIRTH

County of

Murray

Township of

Burgessville

Inc. Town of

or  
or  
City of

(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

87702

Registration District No.

4201

Registered No.

43

(For use of Local Registrar)

## (2) Full Name of Child

William Grant McBeth

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 2 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Grant Mc Beth

(9) PRESENT POSTOFFICE OF FATHER

Jonesville #2

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Murray Co SC

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

India Hamilton

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville #2

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

Murray Co SC

(19) OCCUPATION

Domestic

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

10

(21) Number of children of this mother now living, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

a live at

on the date above stated.

(23) (Signature)

Malie W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

1916

(28)

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. 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.

Caw. of Columbia.