

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Celeste Bearley { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME R. J. Bearley(9) PRESENT POSTOFFICE OF FATHER Lamar SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 9MOTHER.
(14) NAME BEFORE MARRIAGE Bill Minis(15) PRESENT POSTOFFICE OF MOTHER Lamar SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. L. Gannell md(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lamar SC

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 Dec 9 1916 (28) S. W. Gibson 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.

Registrar

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

File No.—For State Registrar Only

85233