

(1) PLACE OF BIRTH

County of *South Carolina*Township of *Summerville*Ine. Town of *Summerville*City of *Anderson*

(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

13588

Registration District No. *303*Registered No. *37*

(For use of Local Registrar)

(2) Full Name of Child *James Beatty*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *May 19-19-22*

FATHER:

(8) FULL NAME

James Beatty

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S.C.(10) COLOR OR RACE *B*

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

And. Co. S.C.

(13) OCCUPATION

Laborer

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

7

MOTHER:

(15) NAME BEFORE MARRIAGE

Mary Green

(16) PRESENT POSTOFFICE OF MOTHER

And. S.C.(17) COLOR OR RACE *B*

(18) AGE AT LAST BIRTHDAY

30

(Years)

(19) BIRTHPLACE

And. Co.

(20) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *M. R. Brown*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

(26) Name added from a supplemental report

Registrar

(27) Witness

(Signature of Witness necessary when question 23 is filled in)

F. B. CHANTON

(28) Filed

191

(29)

ANDERSON, S. C.

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.

before the fifth month of pregnancy