

(1) PLACE OF BIRTH

County of *South Chatham*

Township of *Hamersville*

Inc. Town of *Spring*

City of *Anderson*

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)

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

(2) Full Name of Child *Ernest Bealy*

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

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *May 19 1922*
(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME *Boss Bealy*

(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:

(14) NAME BEFORE MARRIAGE *Mrs. Mary Green*

(15) PRESENT POSTOFFICE OF MOTHER *And. S.C.*

(16) COLOR OR RACE *B* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *And. Co.*

(19) 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 _____ M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. Green*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 23 is filled) *F. B. CHAYTON*

(27) Filed _____ (28) *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