

(1) PLACE OF BIRTH

County of YamoussinTownship of Bullionor Inc. Town of Ware Shoals

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

21690

Registration District No. 2906Registered No. 42
(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Humbert Beeks 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 event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Silas Beeks(9) PRESENT POSTOFFICE OF FATHER Ware Shoals S.C.(10) COLOR OR RACE Black(12) BIRTHPLACE South Carolina(13) OCCUPATION Coverman(20) Number of children born to mother, including present birth 7(11) AGE AT LAST BIRTHDAY 28
(Years)(14) NAME BEFORE MARRIAGE Delia Humbert(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals S.C.(16) COLOR OR RACE Black(18) BIRTHPLACE South Carolina(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth 7

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(23) (Signature) Janis C. Beeks(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Ware Shoals S.C.

(Given name added from a supplemental report)

(26) Witness J. D. Sullivan

(Signature of Witness not necessary when question 23 is signed by mother)

(27) Filed July 24 1923(28) C. E. Sullivan 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.

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