

(1) PLACE OF BIRTH

County of ClarendonTownship of Sandy Grove

or

Inc. Town of

or

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 Edith BeaufieldFile No. For State Registrar Only
3788Registration District No. 1316 Registered No. 4.....
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 11..... 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edith Beaufield(9) PRESENT POSTOFFICE OF FATHER Little City(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 42.....
(Year)(12) BIRTHPLACE Clarendon Co.(13) OCCUPATION Seamstress(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Welch(15) PRESENT POSTOFFICE OF MOTHER Little City(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 38.....
(Year)(18) BIRTHPLACE Clarendon Co.(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Columbia..... at Dr. G.M.L.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phoda Parker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little City

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 13..... 1932(28) E. H. Mrs. Fadden.....
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.

MADE BY THE STATE OF SOUTH CAROLINA

THIS IS A PRELIMINARY STATEMENT AND NOT A FINAL REPORT

THE OFFICE OF THE REGISTRAR, No. 2, etc., in question 6

Medium of Consent. Column 2