

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of LebanonInc. Town of LebanonCity of Lebanon(2) Full Name of Child Anna Jane Beatty

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

65334

Registration District No. 3502 Registered No. 53

(For use of Local Registrar)

City of Lebanon (No. 53 St.; 53 Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 30, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Erison Beatty

(9) PRESENT POSTOFFICE OF FATHER Wains S.S.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Mr. F. F. Beatty, The Cutting

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa LeBeau

(15) PRESENT POSTOFFICE OF MOTHER Rains S.S.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Farming work

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace Platt

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

MidwifeGrace Platt Mullins

Given name added from a supplemental report

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

(27) Filed July 3, 1916 (28) W. A. Lord 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.

SAVING PRESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Clav. of Columbia