

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66272

Registration District No. 4006

Registered No. 85-

(For use of Local Registrar)

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

(2) Full Name of Child, Beecher Martin

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

BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE BIRTH June 7 1906  
 (Name of Month) (Day) (Year)

FATHER

MOTHER

FATHER'S NAME

(14) NAME BEFORE MARRIAGE

PRESENT HOME ADDRESS OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

MOTHER'S NAME

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

BIRTHPLACE

(18) BIRTHPLACE

OCCUPATION

(19) OCCUPATION

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

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

M. D.

Pacolet, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 19 1906

(28)

M. W. Brown  
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.

\*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.

WITHIN 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.

St. Caw. of Columbia

W. H. McCaw