

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24421	
Township of <u>Livingstone</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No <u>107</u>		Registered No. <u>41</u>	
or				(For use of Local Registrar)	
City of		(No. 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 <u>Verma E. Elizabeth Beeks</u>		If child is not yet named, make supplemental report as directed			
(3) <u>BOY OR GIRL?</u>	(4) <u>Twins or Triplet?</u>	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u>	(7) <u>DATE OF BIRTH</u>	
<u>GIRL?</u>	<u>1</u>	<u>4</u>	<u>Yes</u>	<u>8/4/22</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Frederick Beeks</u>			(14) NAME BEFORE MARRIAGE <u>Hollie Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dresden #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dresden #2</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>n</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Laurens Co</u>			(18) BIRTHPLACE <u>Abbeville</u>		
(13) OCCUPATION <u>Ex - Soldier</u>			(19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. R. Bees</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
<u>L. Darby</u>					
<u>Aug. 16</u> 19 <u>22</u>					
Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Aug 12 1922</u> (28) <u>E. R. Miller</u> 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.					