

(1) PLACE OF BIRTH

County of Aitken
 Township of Langley
 Inc. Town of
 City of Bath, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

108

Registration District No. V.12.A Registered No. 11
 (For use of Local Registrar)

(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 Deane Corine Beck If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age at Birth yo (6) DATE OF BIRTH June 25 1929
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Lee Beck(9) PRESENT RESIDENCE OF FATHER Bath, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Year)(12) BIRTHPLACE Aitken County(13) OCCUPATION Mill Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janita Wells(15) PRESENT RESIDENCE OF MOTHER Bath, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Year)(18) BIRTHPLACE Langley, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 4:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. B. Boone(24) State whether Physician or Midwife (25) Address of Physician or Midwife Langley, S.C.

(Given name added from a supplemental report)

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

(27) Signed Jan 31 1930 (28) L. W. Spradley
 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.