

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

County of Cherokee File No. — For State Registrar Only
 Township of Wheeler 4204
 Loc. Town of Westminster Registration District No. 3505
 City of _____ Registered No. 155
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Deliship Walter Bee If child is not yet named, make supplemental report as directed

(1) SEX Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 16 29
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Lee Bee
 (9) PRESENT POSTOFFICE OF FATHER Westminster
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Cotton Mill Operative
 (14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Beatrice Hare
 (15) PRESENT POSTOFFICE OF MOTHER Westminster
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 10:15 P.M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) W. H. Strickland, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report _____
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Aug 7 1929 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.

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