

## (1) PLACE OF BIRTH

County of Union S.C.  
 Township of Sedalia  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 1. For State Registrar Only

1314

Registration District No. 4207 Registered No. 31  
 (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 Maunier Beady If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Tolerant Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>4/10/23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rice Beady</u>			(14) NAME BEFORE MARRIAGE <u>Mary Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sedalia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sedalia S.C.</u>	
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>Union S.C.</u>			(18) BIRTHPLACE <u>Union S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Maunier Beady ..... St. 4207 M.,  
 on the date above stated. ..... Hour 11 M. or P. M.)

(23) (Signature) L. H. Thompson  
 (24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplement-  
 tal report

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

(27) Filed 5 10 23 (28) 2 (29) 1111  
 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