

(1) PLACE OF BIRTH

County of Marion
 Township of Plowess
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4986

Registration District No. 3705 Registered No. 6
 (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 Barbette Gilchrist If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 17, 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Beel</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Gilchrist</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Dillon SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Dillon SC</u>	(18) BIRTHPLACE <u>Marion Co</u>	(19) OCCUPATION <u>Day Labour</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Lea (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols

Given name added from a supplemental report

(26) Witness W. E. Lambert (Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed 2/3 1922 (28) W. E. Lambert 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.