

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

File No.—For State Registrar Only
18425

County of Jefferson
Township of Ball
or
Inc. Town of.....
or
City of

Registration District No. _____

Registered No. 4
(For use of Local Registrar)

(No. St. Ward)

1. If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child: Frank Beluche ^{if not yet named, make} ^{supplemental report as directed}

3 BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>May 29, 1922</i> (Name of Month) (Day) (Year)
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FATHER

MOTHER.

FATHER.
 Frank Bell McKisner

14) NAME BEFORE MARRIAGE Mary Grace Hamilton

3 PRESENT POSTOFFICE OF FATHER Moore SC

(15) PRESENT POSTOFFICE OF MOTHER Madison, se

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)

12 BIRTHPLACE Edgefield, Co

(18) BIRTHPLACE
Edgefield, Co. SC

13. OCCUPATION Farmer

Housewife

29 Number of children born to mother, including present birth Three

(21) Number of children of this mother
now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. J. White, M.D. (24) Address of Physician or Midwife

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) File only 31/4/38 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.