

(1) PLACE OF BIRTH

County of *Hotchkiss*

Township of *Beck's Plains*

or Inc. Town of *Beck's Plains*

or City of *Beck's Plains*

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

File No. — For State Registrar Only
74713

Registration District No. *40000*

Registered No. *120*
(For use of Local Registrar)

St.; Ward

(No. of same instead of street and number.)

(2) Full Name of Child *Lina Myrtle Driscoll*

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 9, 1916*
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE *Marquitta Loma*

(8) FULL NAME *F. Driscoll* (15) PRESENT POSTOFFICE OF MOTHER *Beck's Plains*

(9) PRESENT POSTOFFICE OF FATHER *Beck's Plains* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (Years)

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *Beck's Plains* (18) BIRTHPLACE *Beck's Plains*

(13) OCCUPATION *males wares* (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *4* (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Beck's Plains* (Hour A. M. or P. M.) *1:30 P.*
on the date above stated.

(23) (Signature) *Physician* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Beck's Plains*

Given name added from a supplemental report

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

(27) Filed *Aug 8, 1916* (28) *J. E. Moore* 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.