

(1) PLACE OF BIRTH

County of Union
 Township of Boysenville
 or
 Inc. Town of Buffalo
 of
 City of _____ (No. _____ St. _____ Ward _____)

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

File No. — For State Registrar Only
22801

Registration District No. 42B Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Myrtle Beaton
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 1, 1923</u> (Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Robert F. Beaton</u>				(14) NAME BEFORE MARRIAGE <u>Ella Moore</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S.C.</u>
(10) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>North Carolina</u>				(18) BIRTHPLACE <u>South Carolina</u>
(13) OCCUPATION <u>Mill Work</u>				(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 M., on the date above stated. (Born alive or stillborn. Hour, M. or P. M.)

(23) (Signature) J. H. Hatcher

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

(27) File Aug 1, 1923

(28) Local Registrar Joe F. Hardman

*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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