

(1) PLACE OF BIRTH
County of Horry
Township of ...

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

File No. — For State Registrar Only
20553

Inc. Town or City of ... Registration District No. 4401 Registered No. 46
(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. Thomas Blanes Beck If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.
(8) FULL NAME Thomas Blanes Beck
(9) PRESENT POSTOFFICE OF FATHER ...
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION mill work
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Jacobs
(15) PRESENT POSTOFFICE OF MOTHER ...
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)
(18) BIRTHPLACE Georgetown S.C.
(19) OCCUPATION housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at ... on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)
(22) (Signature) J. B. ...
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife ...

Given name added from a supplemental report
..... 191....
.....
Registrar

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed ... 191... (27) 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.
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