

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of

or

Inc. Town of Bennettsville

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35610

Registration District No. 33ARegistered No. 97
(For use of Local Registrar)

(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 Edith M. Becvat

(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 Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct. 3, 27</u> (Name of Month) (Day) (Year)
-----------------------------	---	---------------------------------------	------------------------------------	---

FATHER

(8) FULL NAME Walter C. Becvat(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Bennettsville, S.C.(13) OCCUPATION Carpenter

MOTHER

(14) NAME BEFORE MARRIAGE Mamie Hunter(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Marlboro, Co., S.C.(19) OCCUPATION Cook(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Fair(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 20, 27 (28) Wm. H. White 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.