

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2702 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Lee Beers

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>2</u> / <u>1</u> / <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wells Beers(9) PRESENT POSTOFFICE OF FATHER Lancaster S(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE S C(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucille Beers(15) PRESENT POSTOFFICE OF MOTHER Lancaster S(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE 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 at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Lucille Beers(23) State whether Physician or Midwife (24) Address of Physician or Midwife Lancaster S

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 10/10 1923 (27) Registrar J. H. Beardsley

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.