

FORM NO. 6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia.

FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Fairfield
Township of 8
or
Inc. Town of

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

File No.—For State Registrar Only
72622

Registration District No. 2H Registered No. 52
or
1907 (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 Johanny Park Beckham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 2 1911
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Lee O Beckham
(9) PRESENT POSTOFFICE OF FATHER Ridgeway S C RFD
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Fairfield
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER
(14) NAME BEFORE MARRIAGE Myrtle Park
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S C RFD
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 12 1911 (28) [Signature] 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.