

NOT TO BE USED FOR RECORDING

WHITE 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  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH  
County of Somerset  
Township of Shiloh  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**2617**

Registration District No. 41.0.7

Registered No. 6  
(For use of Local Registrar)

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

(2) Full Name of Child Solomon J. Beard Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yea</u>	(7) DATE OF BIRTH <u>Jan. 10, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Solomon J. Beard Sr.</u>			(14) NAME BEFORE MARRIAGE <u>Irene Nero</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Planters, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Planters, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Somerset Co.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(18) BIRTHPLACE <u>Florence Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Planters on the date above stated. (If born alive or stillborn, give A. M. or P. M.)

(23) (Signature) Martha H. Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Planters, S.C.

Given name added from a supplemental report

(26) Witness (Signatures of Witness necessary only when question 23 is signed by mother)  
(27) Filed 1-19-22 (28) S. B. McIlwain 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.

McGraw-Hill, Inc., New York, N. Y.