

PLACE OF BIRTH

City of Newberry S.C.
 or
 Township of
 or
 Town of
 or
Newberry S.C.
 (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

File No.—For State Registrar Only

31380

Registration District No. 34—ARegistered No. 147
(For use of Local Registrar)

Full Name of Child Paul Jennings Beck
 (If child is not yet named, make supplemental report as directed)

1 SEX OR GENDER Boy
 4) Twin or Triplet? No
 5) Number in order of birth 3
 6) Are Parents Married? yes
 7) DATE OF BIRTH Sept 24 1922
 (Name of Month) (Day) (Year)

FATHER.
 1) FULL NAME John William Beck
 2) POSTOFFICE OF FATHER Newberry S.C.
 3) COLOR OR RACE White
 4) BIRTHPLACE Ungton S.C.
 5) OCCUPATION mill man
 6) Number of children born to father, including present birth 3

MOTHER.
 14) NAME BEFORE MARRIAGE Mamie Phelia Darnall
 15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
 16) COLOR OR RACE White
 17) AGE AT LAST BIRTHDAY 27
 18) BIRTHPLACE Aiken S.C.
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(23) (Signature) Dr. J. E. Baker (Born alive or stillborn) (Hour 3:45 P. M. or P. M.)
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

Name added from a supplemental report

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

(27) Filed Oct 2 1922 (28) Dr. J. E. Baker 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.

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.

For Only

(For)

Ward)

make directed

22 (Year)

(Year)

A.M., M. or P. M.)

or Midwife

Return