

(1) PLACE OF BIRTH

County of Shelby
 Township of Academy
 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

2524

Registration District No. 4006Registered No. 13
(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 Ruby M. Beath

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

(3) SEX—
GIRL(4) Twin
or Triplet ☒

To be answered only in case of Twins or Triplets

(5) Number in
order of birth 1(6) Are
Parents
Married? ☒(7) DATE OF
BIRTH Jan. 13, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME J. B. McBeath(9) PRESENT
POSTOFFICE
OF FATHER Clifton R #1(10) COLOR
OR
RACE Black (11) AGE AT LAST
BIRTHDAY 25 (Years)(12) BIRTHPLACE Union County(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Lannie Bell Means(15) PRESENT
POSTOFFICE
OF MOTHER Clifton S. C. R #(16) COLOR
OR
RACE Black (17) AGE AT LAST
BIRTHDAY 24 (Years)(18) BIRTHPLACE Union County(19) OCCUPATION Housewife(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 at 7 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. McBeath

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Med. W. J. Beath, Beath & Co.Given name added from a supplement
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1-20 1922(28) M. W. Beath
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.

WRITE TRAILING WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK THE
 PRINT-BOOK, No. 1. THIS OFFICE, No. 2, etc., in question 5.
 COLUMBIA, COLUMBIA, S. C.