

(1) PLACE OF BIRTH

County of YamTownship of YamIn Town YamCity of Yam

(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

20550

Registration District No. 4406Registered No. 42

(For use of Local Registrar)

Full Name of Child

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

BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 25 1922(8) NAME BEFORE MARRIAGE Beatrice Bee(9) PRESENT POS. OFFICE OF FATHER F. J. Neal(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE Yam County(13) OCCUPATION White(14) NAME BEFORE MARRIAGE Beatrice Bee(15) PRESENT POS. OFFICE OF MOTHER Beatrice Bee(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24(18) BIRTHPLACE Yam County(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(23) (Signature) J. B. Green(24) State whether Physician or Midwife (25) Address of Physician or Midwife Yam

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 25 1922 (28) J. L. Parker 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.

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