

PLACE OF BIRTH

City of Columbia
 Township of Sumner
 or
 Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2447321836

Registration District No. Registered No. 22
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

Full Name of Child Agnes Louise Bealright

BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26 1924
 To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Statis Irene Styron
 FULL NAME Richard Stearn Bealright (15) PRESENT POSTOFFICE OF MOTHER Sumner S.C.
 PRESENT POSTOFFICE OF FATHER Sumner S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (11) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Saluda County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

22 Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Born alive at 6:20 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Bealright (25) Address of Physician or Midwife Sumner S.C.
 (24) State whether Physician

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 9 1924 (28) D. H. Bealright 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.