

WRITE 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		601	
Township of <u>Christ Church</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Woodville</u>		State Board of Health			
City of		Registration District No. <u>901</u>		Registered No. <u>17</u>	
(No.)		Sl.:		(For use of Local Registrar)	
(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			
(2) Full Name of Child <u>Mattie Beith</u>					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26 22</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER			MOTHER		
(8) FULL NAME <u>Izola Beith</u>			(14) NAME BEFORE MARRIAGE <u>Mary Mangault</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Int Pleasant S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Int Pleasant S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(16) COLOR OR RACE <u>Black</u>			
(12) BIRTHPLACE <u>Charleston Co S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>31</u>			
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Charleston Co S.C.</u>			
(20) Number of children born to mother, including present birth <u>Six</u>		(19) OCCUPATION <u>Home duties</u>			
		(21) Number of children of this mother now living, including present birth <u>Six</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma F. Brown</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Int Pleasant S.C.</u>					
Given name added from a supplemental report		(26) Witness <u>Izola Beith</u>			
		(27) Signature of witness necessary only when question 23 is signed by mark <u>J. H. Kinsey</u>			
19 <u>22</u> Registrar		(28) Filed <u>Jan 27 1922</u> 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.