

(1) PLACE OF BIRTH

County of B. C. K. Co.
Township of T. J. R. 122.2.
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
43706

Registration District No. 704 Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child

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

(1) BOY OR GIRL Boy (2) Twin or Triplet? 1722 (3) Number in order of birth 1722 (4) Are Parents Married? 1722 (5) DATE OF BIRTH Sept 11, 1933
(Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME
(7) PRESENT POSTOFFICE OF FATHER
(8) COLOR OR RACE (9) AGE AT LAST BIRTHDAY (Year)
(10) BIRTHPLACE (Year)
(11) OCCUPATION
(12) Number of children born to mother, including present birth 1

MOTHER.
(13) NAME BEFORE MARRIAGE Miss Mac.
(14) PRESENT POSTOFFICE OF MOTHER James town S.C.
(15) COLOR OR RACE colored (16) AGE AT LAST BIRTHDAY (Year)
(17) BIRTHPLACE
(18) OCCUPATION house work.
(19) Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Patie B. Beckwith
(22) State whether Physician or Midwife Midwife (23) Address of Phys. or Midwife James town S.C.

(Given name added from a supplemental report
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.....
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19

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
G. M. Reid

(25) Filed 19

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.