

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13338

Registration District No.

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.)

(2) Full Name of Child Wille Faden Beckwith

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be entered only in event of Twin or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 11 1922

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME

Wm Faden Beckwith

(14) NAME BEFORE MARRIAGE

Pearl Martin

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C. Star Route

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C. Star Route

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Orangeburg S.C.

(18) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

10

(21) Number of children of this mother now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12.40 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianAbbeville S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Date May 15 1922(28) P. E. Pressley

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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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.

Only

Ward)

make acted

2

0

1

M., P. M.)

Midwife

420

Registrar