

PAGE OF BIRTH

County of Washington
 Municipality of Windsor
 or
 Town of

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

File No. - For State Registrar Only

31807

Registration District No. 1502 Registered No. 178
 (For use of Local Registrar)

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

Full Name of Child Elin Bailey If child is not yet named, make supplemental report as directed

Sex of Child H. Type or Trait To be entered only in event of Twin or Triplet
 Number in order of birth
 Age of Parent at Birth
 DATE OF BIRTH Sept 11 23
 (Name of Month) (Day) (Year)

FATHER.
 1 FULL NAME Normant Bailey
 2 PRESENT POSTOFFICE OF FATHER Hartsville S.C.
 3 COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 50 (Year)
 4 BIRTHPLACE S.C.
 5 OCCUPATION Famer
 6 Number of children born to father, including present birth 11

MOTHER.
 10 NAME BEFORE MARRIAGE Berta Cole
 11 PRESENT POSTOFFICE OF MOTHER Hartsville S.C.
 12 COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 48 (Year)
 13 BIRTHPLACE S.C.
 14 OCCUPATION House wife
 15 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Laney Bailey(24) State whether Physician or Midwife M. W.(23) Address of Physician or Midwife Hartsville S.C.

Give name added from a supplemental report

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

(27) Filed Oct 20 23 (28) J. M. Keger 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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