

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of None  
 or  
 Inc. Town of None, S.C.  
 or  
 City of None, S.C.

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

28160

Registration District No. .... Registered No. 7  
 (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 Helen Elizabeth Christie (If child is not yet named, make supplemental report as directed)

(3) 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 Sept 5, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME R. W. Christie  
 (9) PRESENT POSTOFFICE OF FATHER None S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52  
 (Year) (12) BIRTHPLACE Edgefield S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Alice Quarles  
 (15) PRESENT POSTOFFICE OF MOTHER None S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 (Year) (18) BIRTHPLACE Cold Springs S.C.  
 (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 1 8 (21) Number of children of this mother now living, including present birth 1 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) 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 A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 15 Sept 1923 (28) W. A. Rief  
 Registrar 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.