

(1) PLACE OF BIRTH

County of York
Township of York
or
the Town of

CERTIFICATE OF BIRTH
State of South Carolina
Bureau of Vital Statistics
State House of Representatives

1102

Registration District No. 2 Registered No.
(For use of Local Registrar)

City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Minnie Chestnut If child is not yet named, make supplemental report as soon as named

(3) SEX girl (4) Type of Birth Normal (5) Month of Birth Dec (6) Day of Birth 11 (7) Year of Birth 1914

(8) FATHER Anthony Chestnut (9) MOTHER Maggie Hall
(10) FATHER'S PRESENT RESIDENCE Lugoff, S.C. (11) MOTHER'S PRESENT RESIDENCE Lugoff, S.C.
(12) COLOR colored (13) RACE AT LAST colored (14) SEX AT LAST girl
(15) BIRTHPLACE South Carolina (16) OCCUPATION Farmer
(17) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(18) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (19) (Signature) Rebecca Anderson
(20) State whether Physician or Midwife (21) Address of Physician or Midwife Lugoff, S.C.

Given name added from a supplemental report
(22) Witness Amelia Anderson
(23) (Signature of Witness necessary only when question 18 is signed by mark)
(24) Filed Jan. 31, 1915 (25) Registrar

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report to be made before the fifth month of pregnancy.