

(1) PLACE OF BIRTH

County of Chapin
 Township of St. James
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8580

Registration District No. 1309 Registered No. 11
 (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.)

(2) Full Name of Child Sue Ester Joy If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stepney Joy
 (9) PRESENT POSTOFFICE OF FATHER Davis Sturge
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Joy
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sturge
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home & fresh
 (20) Number of children born to mother, including present birth 3
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 8 A. M.,
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Liddy Lawrence
 (24) State where Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplement-
 al report

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

(27) Date Mar 6 1923 (28) A. Chubb Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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.