

(1) PLACE OF BIRTH

County of

Chester

Township of

Lewisville

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1106

File No. — For State Registrar Only

27694

Registered No. 101
(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

Lola Bailey

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age Previous Marriage

yes

(7) DATE OF BIRTH

9/17/23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Green Bailey

(9) PRESENT POSTOFFICE OF FATHER

Rehburg S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

50
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

14

MOTHER

(15) NAME BEFORE MARRIAGE

Mattie Bailey

(16) PRESENT POSTOFFICE OF MOTHER

Rehburg S.C.

(18) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37
(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Farm Laborer

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 M., on the date above stated. (Was alive or stillborn? (Hour, M. or P. M.))

(23) (Signature)

Allie Cloud

(24) State whether Physician or Midwife

Midwife

(25) Address of Hospital or Midwife

Rehburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/22/23

(28)

Local Registrar

19 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 desired of stillbirths before the fifth month of pregnancy.