

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of *Chester*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

27694

Township of *Lewisville*

Registration District No. *1106*

Registered No. *101*

(For use of Local Registrar)

Inc. Town of

(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 *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 Twins or Triplets (5) Number in order of birth (6) Are Parents Married *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* (Year) (12) BIRTHPLACE *S.C.* (13) OCCUPATION *Farm Laborer* (14) Number of children born to mother, including present birth *14*

MOTHER (14) NAME BEFORE MARRIAGE *Mattie Bailey* (15) PRESENT POSTOFFICE OF MOTHER *Rehburg S.C.* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *37* (Year) (18) BIRTHPLACE *S.C.* (19) OCCUPATION *Farm Laborer* (20) 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 *7* M. on the date above stated. (If 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 22 is signed by party) (27) Filed *9/22/23* (28) *J. H. Hallis* Local Registrar

*When there was no attending physician or midwife, then the father, householder, or 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.