

1. PLACE OF BIRTH

County of

Chester

Township of

Chester

or Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

67651

Registration District No. *1102*

Registered No.

68

(For use of Local Registrar)

2. Full Name of Child

Johnny Land

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

3. BOY OR GIRL?

boy

(4) Twin or Triplet?

no

(5) Number in order of birth

one

(6) Are Parent's Married?

yes

(7) DATE OF BIRTH

July 22 1916

(Name of Month) (Day) (Year)

FATHER.

4. FULL NAME

Richard Land

5. PRESENT POSTOFFICE OF FATHER

Chester, S.C. Route 4

6. COLOR OR RACE

col.

(11) AGE AT LAST BIRTHDAY

34

(Years)

7. BIRTHPLACE

Chester County

8. OCCUPATION

Works at Eureka Mill

9. Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie B. Hall

(15) PRESENT POSTOFFICE OF MOTHER

Chester S.C. Route 4

(16) COLOR OR RACE

col.

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Chester County

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive 5:30 o'clock

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Sillie Peterson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Chester S.C. Route 4

When name added from a supplemental report

181

Registrar

(26) Witness

Phily Barron

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

(27) Filed

July 22 1916

(28)

James Hannah

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.

IF CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.