

## (1) PLACE OF BIRTH

County of

Township of

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

17201

Registration District No. 1701

Registered No. 73  
(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

Edith White

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

3. SEX OF CHILD

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 28, 1923

(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Edison Lott

9. PRESENT POSTOFFICE OF FATHER

Chester S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Chesterfield Co. S.C.

(13) OCCUPATION

Public Works

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bertie Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Chester S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Chesterfield Co. S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Give name added from a supplemental report)

(26) Witness

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

(27) Filed

June 30, 1923

(28)

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.

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