

Form No. 1

(1) PLACE OF BIRTH

County of Chester
Township of Passville
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17173

Registration District No. 1107

Registered No. 39
(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 Udell

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be covered only in event of Twin or Triplet	5. Number in order of birth	6. Sex Expressed Marked	7. DATE OF BIRTH <u>June 23, 1923</u> (Month or Month Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Wm Clinton</u>			14. NAME BEFORE MARRIAGE <u>Martha Laine</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Great Falls NC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Great Falls NC</u>	
10. COLOR OR RACE <u>Black</u>	11. AGE AT LAST BIRTHDAY <u>38</u> (Years)	16. COLOR OR RACE <u>Black</u>	17. AGE AT LAST BIRTHDAY <u>38</u> (Years)	
12. BIRTHPLACE <u>Lincolnton NC</u>			18. BIRTHPLACE <u>Chester SC</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>Eleven</u>			21. Number of children of this mother now living, including present birth <u>Ten</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was St. 9 M., on the date above stated.

(23) (Signature) Miller Jackson
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/23 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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in Question 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

S. A. F. E. T. Y. A. L. M.