

## (1) PLACE OF BIRTH

County of AikenTownship of Lahersack

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

5647

Registration District No. 201 Registrar No. 7

(For use of Local Registrar)

(2) Full Name of Child Not named

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Mar. 18 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clemen Courtney(9) PRESENT POSTOFFICE OF FATHER Kitchin's Mills, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Kitchin's Mills, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

## MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Rove(15) PRESENT POSTOFFICE OF MOTHER Kitchin's Mills, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Kitchin's Mills, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary J. Rove(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kitchin's Mills, S.C.(26) Witness Theresa J. Courtney (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Mar. 30, 1923 (28) J. C. Courtney 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.

Registrar J. C. Courtney

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