

(1) PLACE OF BIRTH

County of LEXINGTONTownship of WEL SWAMPor
Inc. Town ofor
City of

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

(2) Full Name of Child Clanner

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43470

Registration District No.

Registered No. 141
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Chas Fildew</u>			(14) NAME BEFORE MARRIAGE <u>Mary Jeffries</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Duncan</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Duncan</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Blk</u>		
(12) BIRTHPLACE <u>Livingston Co</u>		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(13) OCCUPATION <u>Laborn</u>		(18) BIRTHPLACE <u>Livingston Co</u>		
(19) OCCUPATION <u>Laborn</u>		(20) Number of children born to mother, including present birth <u>2</u>		
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 89 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Jeffries

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

midwife
Duncan

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 23, 1923

(28)

J. J. King
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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