

(1) PLACE OF BIRTH

County of Chester
 Township of Blackstock
 Inc. Town of.....
 or
 City of.....

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

No. 9839 For this Register only

Registration District No. 11a1... Registered No. 273...
 (For use of Local Registrar)

(No. St.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thelma Strong If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Triplet Single (5) Number in order of birth 1 (6) DATE OF BIRTH Jan 27, 1923
 Is born living in case of stillborn or dead

FATHER.
 (7) FULL NAME Robert Strong
 (8) RESIDENT ADDRESS OF FATHER Blackstock S.C.
 (9) COLOR Black (10) AGE AT LAST BIRTHDAY 27
 (11) BIRTHPLACE Fairfield S.C.
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Danner
 (15) RESIDENT ADDRESS OF MOTHER Blackstock S.C.
 (16) COLOR Black (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Chester S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at birth. (22) Date Jan 27, 1923
 on the date above stated. (23) (Signature) Patsy Woodward (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)
 (27) Filed Feb 17, 1923 (28) P. Woodward 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.