

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41540

County of Chester S.C.

Township of

or
Inc. Town ofor
City of Chester S.C.Registration District No. 11ARegistered No. 133
(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

Josephine McCree

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 2(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thermon C. Cree(9) PRESENT POSTOFFICE OF FATHER Chester S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 20 yrs
(Years)(12) BIRTHPLACE Chester S.C.(13) OCCUPATION Ironworker(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lincy Ware(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Chester County(19) OCCUPATION Domestic(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 alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eileen Bratton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1-6 1923 (28) J. M. L.
Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, S. C.