

(1) PLACE OF BIRTH

County of Cherokee
Township of Holstonville
or
Inc. Town of.....
or
City of.....

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

17147

Registration District No. 11.9.4 Registered No. 28
(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 Edith Chisler If child is not yet named, make supplemental report as directed.

(3) SEX OR GENDER Girl (4) Type or Figure 1 (5) Number in order of birth 2 (6) Age ye (7) DATE OF BIRTH June 8
(Month of Month) (Day) (Year)

FATHER
(8) FULL NAME Lesley Chisler
(9) PRESENT RESIDENCE OF FATHER Lt. L. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE Fairfield Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER
(15) NAME BEFORE MARRIAGE Mary Jane Feaster
(16) PRESENT RESIDENCE OF MOTHER Lt. L. C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 29
(19) BIRTHPLACE Fairfield Co.
(20) OCCUPATION Housewife
(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 alive on the date above stated. (23) alive or stillborn (Hour A. M. or P. M.)

(24) (Signature) Dr. J. Feaster
(25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Lt. L. C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(28) Filed July 8 1923 (29) H. G. McDaniel 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.