

(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

41563

County of ChesterTownship of Chester

or

Inc. Town of

or

City of

Registration District No. 110VRegistered No. 162
(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 S. H. Boy

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Dec. 73, 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arch Boy(9) PRESENT POSTOFFICE OF FATHER Chester S.C. R. #3(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE Chester Co -(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Smoel(15) PRESENT POSTOFFICE OF MOTHER Chester, R. #3(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Chester Co -(19) OCCUPATION Domestic -(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at: 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. C. H. Hurd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chester, R. #3

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 5, 1912

(28) 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 occurring before the fifth month of pregnancy.