

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41607

Registration District No. 1107 Registered No. 167
 (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

(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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12-12-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas Thomas

(9) PRESENT POSTOFFICE OF FATHER Great Falls Ga

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Years)

(12) BIRTHPLACE Chester Co SC

(13) OCCUPATION Electrician

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Leth

(15) PRESENT POSTOFFICE OF MOTHER Great Falls Ga

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)

(18) BIRTHPLACE Newbury Co Ga

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 9:59 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) J B McKenna

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Great Falls Ga

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/13/23 at Passville

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 sixth month of pregnancy.