

(1) PLACE OF BIRTH

County of ChesterTownship of LargeCity of Granville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51

Registration District No. 2-BRegistered No. 4

(For use of Local Registrar)

(2) Full Name of Child

William

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

(3) BOY OR GIRL Y

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Y

(7) DATE OF

BIRTH 1 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albie McLean(9) PRESENT POSTOFFICE OF FATHER Granville(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE GA(13) OCCUPATION Miss of color(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Corrie Lyles(15) PRESENT POSTOFFICE OF MOTHER Granville S C(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE S C(19) OCCUPATION Miss of color(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Albie at 8:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. E. Marshall

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Physician Granville

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 14 1923(28) Local Registrar. W. H. Marshall

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.

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W. H. Marshall