

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Chesapeake

Inc. Town of .....

City of .....

(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

4870

Registration District No. 3.4.13.Registered No. 2.1.  
(For use of Local Registrar)(2) Full Name of Child Sadie Healey

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 15 1923  
(Name of month) (Day) (Year)

## FATHER.

(8) FULL NAME

Simon Healey

(9) PRESENT POSTOFFICE OF FATHER

Orhgo S.C. R.F.D.

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

Orhgo S.C.

(13) OCCUPATION

Farm Laborer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Healey

(15) PRESENT POSTOFFICE OF MOTHER

Orhgo S.C.

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

Orhgo S.C.

(19) OCCUPATION

House work

(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 on the date above stated.

(born alive or stillborn)

(Hour A. M. or P. M.) 10 P.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 21 1923(28) A. L. Fanning  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A PERMANENT RECORD. IN K.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 8