

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Greenville
Township of Cleveland
or
Inc. Town of.....
or
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
139-22-051030

Registration District No. 2.7.03 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child

(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 Jan. 17, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME L. M. Lidford
(9) PRESENT POSTOFFICE OF FATHER Cleveland S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE N. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth: 1

MOTHER.
(14) NAME BEFORE MARRIAGE Chester Burgess
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11, 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Strode
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife M. D.

Given name added from a supplemental report

Amended P. I. OCT. 19, 1983

19.....
Registrar

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

(27) Feb. 1, 1923 (28) Mrs. Effie Robinson 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.

AFFIDAVIT NEXT FRAME