

## (1) PLACE OF BIRTH

County of DillonTownship of Hardeevilleor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1602

File No. — For State Registrar Only

17407

Registered No. 70  
(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 Chelene Franklyn Berry 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 June 14 1928  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Tracy E Berry(9) PRESENT  
POSTOFFICE  
OF FATHER Little Rock S.C.(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 23  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to  
mother, including present birth One(14) NAME BEFORE  
MARRIAGE Katherine Helton(15) PRESENT  
POSTOFFICE  
OF MOTHER Little Rock S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 17  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother  
now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife [Address]Given name added from a supplement-  
tal report

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed June 15 1928

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.