

(1) PLACE OF BIRTH

County of CayugaTownship of Indianor
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

No. 802

Registration District No. 14A9 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OF CHILD <u>girl</u>	(2) AGE OF CHILD <u>15</u> years	(3) RACE OF CHILD <u>W</u>	(4) SEX OF MOTHER <u>yes</u>	(5) DATE OF BIRTH <u>June 15 1923</u>
FATHER.			MOTHER.	
(6) NAME OF FATHER <u>Dr. J. H. Chas.</u>			(10) NAME OF MOTHER <u>Hattie Brown</u>	
(7) RESIDENT ADDRESS OF FATHER <u>Kallukia</u>			(11) RESIDENT ADDRESS OF MOTHER <u>Kallukia</u>	
(8) COLOR OF FATHER <u>W</u>	(9) AGE AT LAST BIRTH <u>30</u>	(12) COLOR OF MOTHER <u>W</u>		
(13) BIRTHPLACE <u>Cal</u>	(14) AGE AT LAST BIRTH <u>30</u>	(15) BIRTHPLACE <u>Cal</u>		
(16) OCCUPATION <u>Physician</u>			(17) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>10</u>			(19) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (How alive or stillborn) (How P. M. or P. M.)(21) (Signature) H. H. Chas.
(22) State whether Physician or Midwife (23) Address of Physician or Midwife
Kallukia

Given name added from a supplemental report

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

(25) Filed Feb 7, 1924 by James P. Ricketts 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.

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