(1) PLACE OF BIRTH

County of Chester

Township of Highland

or

Inc. Town of ✓

or

City of ..... (No. ..... St.; ..... Ward)

(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: 17143

Registration District No. One Registered No. 1103
(For use of Local Registrar)

(2) Full Name of Child Gertell Filbert

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

(3) BOY OR GIRL: girl

(4) Twin or Triplet? ( )

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 29 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Walter Filbert

(9) PRESENT POSTOFFICE OF FATHER: Chester S.C.

(10) COLOR OR RACE: colored

(11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Hardwood S.C.

(13) OCCUPATION: farmer

(20) Number of children born to mother, including present birth: 7

MOTHER.

(14) NAME BEFORE MARRIAGE: Grace Cloud

(15) PRESENT POSTOFFICE OF MOTHER: Chester S.C.

(16) COLOR OR RACE: colored

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Hardwood S.C.

(19) OCCUPATION: farmer

(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) X

(24) State whether Physician or Midwife: Army Davis midwife

(25) Address of Physician or Midwife: Chester S.C. Rfd 1

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed July 10th 1923 (28) F. M. Credille
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.

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This Lane [illegible] the child was the [illegible] Anna [illegible]