

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

12031

Registered No.

(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 Virginia Arletta Bailey

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

3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Mar 14 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

S. J. Bailey

9) PRESENT POSTOFFICE OF FATHER

Arcadia

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Textile mill worker

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Jones

(15) PRESENT POSTOFFICE OF MOTHER

Arcadia

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) D. F. Hargraves M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Arcadia, S. C.

Given name added from a supplemental report

(26) Witness

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

19
Registrar(27) Filed Apr 1 1923

(28)

D. B. Moore
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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