

(1) PLACE OF BIRTH

County of Chester
Township of North
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41667

Registration District No. 1205 Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child not named {If child is not yet named, make supplemental report as directed

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 Sept 25 20
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Levi Hood
9) PRESENT POSTOFFICE OF FATHER W. Croghan S.C.
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 22
(Years)
12) BIRTHPLACE W.C.
13) OCCUPATION miner
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Mary Hood
15) PRESENT POSTOFFICE OF MOTHER W. Croghan S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 21
(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 born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia Tate
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. Croghan S.C.

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (28) Delia Tate 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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McGraw-Hill, Columbia, S. C. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.