

## (1) PLACE OF BIRTH

County of ChesterTownship of Northor  
Inc. Town of.....or  
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

Registration District No. 1205

File No.—For State Registrar Only

41667

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 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Levi Hood(9) PRESENT POSTOFFICE OF FATHER W. Croghan S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(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.)  
Delia Tate(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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed ..... 19 ..... (28) G. B. DeLoach  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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