

(1) PLACE OF BIRTH

County of GreeneTownship of Wright

In. 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

Registration District No. 2901 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child

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

(a) SEX OR GENDER Male (b) Type or form Yes (c) Number in order of birth 1 (d) Age 1 (e) Date of birth April 30, 1923

FATHER: (1) FULL NAME Jessie Chalmers (14) MARRIAGE Eliza Barkdale
 (2) PRESENT RESIDENCE OF FATHER Gray Court (15) PRESENT RESIDENCE OF MOTHER Gray Court
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (18) COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 18
 (20) BIRTHPLACE S.C. (21) BIRTHPLACE S.C.
 (22) OCCUPATION Farm hand (23) OCCUPATION Domestic
 (24) Number of children born to mother, including present birth 1 (25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated.(27) (Signature) W. I. Chalmers(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

(30) Witness W. I. Chalmers

(Signature of Witness necessary only when question 26 is signed by mother)

(31) Filed Apr 8, 1923 (32) W. I. Chalmers

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn. No action shall be taken before the next month of pregnancy.