

(1) PLACE OF BIRTH

County of Marion
 Township of Beaver
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7824

Registration District No. 3705Registered No. 75
(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 Leona Hilchrist

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Short Hilchrist</u>			(14) NAME BEFORE MARRIAGE <u>Philia Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols St.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Marion Co.</u>			(18) BIRTHPLACE <u>Marion Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>1 2</u>			21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated.
 (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Amey Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife 200 N. 8th St.

(Given name added from a supplemental report)

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

(27) Filed 2-20-23 (28) J. E. ... 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.