

(1) PLACE OF BIRTH

County of Marion
Township of Peaver
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. 3705 Registered 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 Helchrist If child is not yet named, make supplemental report as directed

(3) Single Twin or Triplet (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH Feb. 16, 1923
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.
(8) FULL NAME Short Helchrist
(9) PRESENT POSTOFFICE OF FATHER Nichols St
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
(Year)
(12) BIRTHPLACE Marion S.C.
(13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 1 2

MOTHER.
(14) NAME BEFORE MARRIAGE Philia Johnson
(15) PRESENT POSTOFFICE OF MOTHER Nichols St
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Year)
(18) BIRTHPLACE Marion S.C.
(19) OCCUPATION House work
21) Number of children of this mother now living, including present birth 1 2

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) Anna Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 200 N. 5th St

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

(26) Witness W. E. ...
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2-20-23 (28) W. 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.

BOARD OF COLLEGIATE EDUCATION, COLUMBIA, S. C.