

(1) PLACE OF BIRTH
County of Chester
Township of Hatedville

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

File No.—For State Registrar Only
14241

Inc. Town of or
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 1104 Registered No. 21
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? C (5) Number in order of birth 1/2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charles Worthy
(9) PRESENT POSTOFFICE OF FATHER Leeds SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49 (Years)
(12) BIRTHPLACE Chester led
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Nancy Bowser
(15) PRESENT POSTOFFICE OF MOTHER Leeds SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 48 (Years)
(18) BIRTHPLACE Chester led
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 o'clock M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) Elsa Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Leeds SC

Given name added from a supplemental report

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

(27) Filed May 27, 22 (28) W. M. C. Daniel 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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