

(1) PLACE OF BIRTH

County of Lexington, Va.Township of Carroll, Va.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
31156Registration District No. 3100 Registered No. 93
(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 Middleton Staley If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? ☒ 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 18, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Middleton Staley9) PRESENT POSTOFFICE OF FATHER Newbrook, Va.10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 39
(Year)12) BIRTHPLACE Crossburg, Va.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Mary Boozar15) PRESENT POSTOFFICE OF MOTHER Newbrook, Va.16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 39
(Year)18) BIRTHPLACE Lexington, Va.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Chapman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newbrook, Va.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/20 19 22 (28) J. C. Lybrand 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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