Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 5617

(1) PLACE OF BIRTH

County of Abbeville

Township of Lowndesville

or Inc. Town of .....

or City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. ..... Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Josie Tenley

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be reported only in event of Twins or Triplets

(5) Number in order of birth

(6) Age Parents Married? Yes

(7) DATE OF BIRTH Nov. 11, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wiley Tenley

(9) PRESENT POSTOFFICE OF FATHER Lowndesville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Tucker

(15) PRESENT POSTOFFICE OF MOTHER Lowndesville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ella Washington

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed April 23 1923 (28) Jas. Hutchison
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RESERVED FOR BINDING.

BOARD OF COUNSEL, COLUMBIA, S. C.