

(1) PLACE OF BIRTH

County of CathoTownship of Ameliaor
Inc. Town of

City of

(No. _____ St.; _____ Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58885

Registration District No. 800 Registered No. 55
(For use of Local Registrar)(2) Full Name of Child Mamieva Chesterburg If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Apr. 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Chesterburg(9) PRESENT POSTOFFICE OF FATHER Ft. Motte(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) * OCCUPATION Ham faterer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Edie Chesterburg(15) PRESENT POSTOFFICE OF MOTHER Ft. Motte(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION —(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Jefferson (midwife)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness Ed Miller

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

(27) Filed May 15, 1916

(28)

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.

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.

MARGIN RESERVED FOR BINDING.

THIS PLAINLY, WITH UNFOLDING OF THE PLAIN IS A PERMANENT RECORD.

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.

No. 1 of Columbia