

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and in case of FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in questions 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chester</u>		STATE OF SOUTH CAROLINA		17118	
Township of <u>Baton Rouge</u>		Bureau of Vital Statistics			
or Town of .....		State Board of Health			
City of .....		Registration District No. <u>11A.0.</u>		Registered No. <u>3.2.</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)			
(2) Full Name of Child .....		If child is not yet named, make supplemental report as directed			
(3) SEX BOY <input type="checkbox"/> GIRL <input checked="" type="checkbox"/>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH	
<u>girl</u>			<u>yes</u>	<u>June 11, 1923</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Winnie Worthy</u>		(14) NAME BEFORE MARRIAGE <u>Jessie Worthy</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville #2, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville #2, S.C.</u>			
(10) COLOR OR RACE <u>col.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>col.</u>		(17) AGE AT LAST BIRTHDAY <u>28</u>	
(12) BIRTHPLACE <u>Chester Co.</u>		(18) BIRTHPLACE <u>Sumter Co.</u>			
(13) OCCUPATION <u>housewife</u>		(19) OCCUPATION <u>housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Winnie Worthy</u>		(24) Address of Physician or Midwife <u>Summerville #2, S.C.</u>			
(25) State whether Physician or Midwife		(26) Address of Physician or Midwife			
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(28) Filed <u>June 11, 1923.</u> (29) <u>G. A. Cornwell</u> Local Registrar.			
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.

Revised by Columbia, Columbia, S. C.

F I L M