

(1) PLACE OF BIRTH

County of LancasterTownship of Pleasant Hillor
Inc. Town ofor
City of

(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
41233Registration District No. 200 Registered No. 121
(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Feb 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S H Fairle(9) PRESENT POSTOFFICE OF FATHER Northham(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Calloway mill hand(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Roberts(15) PRESENT POSTOFFICE OF MOTHER Northham(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

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) (Hour 4 P.M. or P. M.) on the date above stated.(23) (Signature) W. H. Turner, M.D.
(24) State whether Physician or Midwife: (25) Address of Physician or Midwife Northham

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 8 1924 (28) E. F. H. H. H. 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.

before the fifth month of pregnancy