

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
51685

County of Shertford
 Township of Chesow
 Inc. Town of Chesow
 City of Chesow
 Registration District No. 12 A
 Registered No. 27
 (For use of Local Registrar)
 St.; Ward)

2) Full Name of Child Ruth Norton
 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
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 5 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Norton

(9) PRESENT POSTOFFICE OF FATHER Chesow S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Douglas Co. N.C.

(13) OCCUPATION Brooker

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Smith

(15) PRESENT POSTOFFICE OF MOTHER Chesow S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Douglas Co. N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10.15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie Green

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

Midwife Chesow S.C.

Given name added from a supplemental report

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

(27) Filed March 22 1916 (28) E. E. Evans 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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