

(1) PLACE OF BIRTH

County of Chester

Township of

Inn. Town or City of Chester

(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

6407

Registration District No. 11A

Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Maria Lee Roy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? yes (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 27 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Roy
(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) PLACE OF BIRTH Chester Co.
(13) OCCUPATION mill work
(14) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Clara Brown
(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Wichory Co.
(19) OCCUPATION domestic
(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 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. W. W.
(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

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

(27) File Mar. 14 1923 (28) John Roy 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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