

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

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

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Emma Bell Chisholm

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

(3) SEX OR

GIRL

(4) AGE

20

(5) DATE OF

BIRTH

11/20/23

(6) TIME OF

BIRTH

11/20/23

(7) PLACE OF

BIRTH

Charleston

(8) FULL NAME

Emma Chisholm

(9) PRESENT RESIDENCE OF FATHER

Charleston

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

Edisto River Island

(13) OCCUPATION

factory work

(14) NAME BEFORE MARRIAGE

Emma Chisholm

(15) PRESENT RESIDENCE OF MOTHER

Mechanicville, N.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

34

(18) BIRTHPLACE

Mechanicville, N.C.

(19) OCCUPATION

Cook

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

14 dead

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

14 dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Emma Bell Chisholm on the date above stated.

(23) Signature of Physician or Midwife

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Date

11/24

1923

(28) Signature of Registrar

J. M. ...

*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.