

(1) PLACE OF BIRTH

County of LexingtonTownship of 11or Inc. Town of 11or City of 11

(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

43568

Registration District No. 3109Registered No. 143

(For use of Local Registrar)

(2) Full Name of Child HATTIE JEWELL CORLEY

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 31 1911
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

John R. Corley

(9) PRESENT POSTOFFICE OF FATHER

Lexington(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Lex

(13) OCCUPATION

Law Mailing

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Bece Chapman

(15) PRESENT POSTOFFICE OF MOTHER

Lexington(16) COLOR OR RACE N(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

Lex

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State of Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Jan 9 1912

(28)

Mrs. C. E. Taylor
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.

Registrar

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