CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH

County of _Chester_

Township of _Lewisville_
or
Inc. Town of ....
or
City of .... (No. .... St.; .... Ward)

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

No. — For State Register Only

17156

Registration District No. _1106_ Registered No. _65_
(For use of Local Registrar)

(2) Full Name of Child _Lillie Maye White_ (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 _no_	(7) DATE OF BIRTH _Mch 23 1923_
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER	**MOTHER**
(8) FULL NAME _Jimmie Jackson_	(10) MAIDEN NAME BEFORE MARRIAGE _Mary Jane White_
(9) PRESENT POST OFFICE OF FATHER _Richburg_	(15) PRESENT POST OFFICE OF MOTHER _Richburg SC._
(10) COLOR OR RACE _Negro_ (11) AGE AT LAST BIRTHDAY _27_	(16) COLOR OR RACE _Negro_ (17) AGE AT LAST BIRTHDAY _20_
(12) BIRTHPLACE _SC._	(18) BIRTHPLACE _SC._
(13) OCCUPATION _Farmer_	(19) OCCUPATION _Farm L_
(20) Number of children born to mother, including present birth { _1_	(21) Number of children of this mother now living, including present birth { _1_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.. _Alive_ .. at.. _11_ ..M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _Martha Humphries_

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

Given name added from a supplemental report

....
....
19 ....
Registrar

(26) Witness ....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed _7/14_ 19_23_ (28) _J.G. Hollis_
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.