

CIFICATE OF BIRT

legal, or economic, in which
value, not only to the individual
but good business, for they

ce in the administration of estate
and pensions;
ce to prove the irresponsibility
for crime and misdemeanor,
the criminal code;
nce in the enforcement of law
child labor;
nce to determine the relations

of citizenship in order to obtain
ce in the claim for exemption
military service.

For a woman whose only occupa-
tion is as a housekeeper—private

"worker," "operative," etc.
re," "factory," "mill," etc.

titles, as civil engineer, mechan-
ical statement of occupation can
machinist, etc. Distinguish carefully
a salesman and not a clerk.

1) PLACE OF BIRTH

County of Chesnut
Township of Smith
OF
Tc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17677

Registration District No. 2100 Registered No. 21
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
2) Full Name of Child Joseph Andrew If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 1923</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Tony Andrew</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Andrew</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chesnut</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chesnut</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>Chesnut County</u>		(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(13) OCCUPATION <u>Farm work</u>		(18) BIRTHPLACE <u>Chesnut</u>		
(20) Number of children born to mother, including present birth <u>9</u>		(19) OCCUPATION <u>Farm work</u>		
		(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was white at 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chesnut

Given name added from a supplement-
tal report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 4 1923 (28) E. D. Hutchins
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.