Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
24497

County of Georgetown

Township of #5

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

Registration District No. 2104 Registered No. 24 (For use of Local Registrar)

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

(2) Full Name of Child Odessa Skinner — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 25 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Bossy Skinner	(14) NAME BEFORE MARRIAGE	Lavinia Davis
(9) PRESENT POSTOFFICE OF FATHER	Hemingway S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Hemingway S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	Georgetown Co #5	(18) BIRTHPLACE	Georgetown Co #5
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Bossy Skinner

(24) State whether Physician or Midwife: Father

(25) Address of Physician or Midwife: Hemingway S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 2 1923 (28) G. L. Ellis
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MCCAIN OF COLUMBIA, COLUMBIA, S. C.