

Form No. 2

PLACE OF BIRTH

County of Chesterfield
 Precinct of Bl. Allen

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41726

Registration District No. 208 Registered No.
 (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.)

Full Name of Child Byron Peterson {If child is not yet named, make supplemental report as directed

1 SEX OR GEAR Boy 4 Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 15, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

18 FULL NAME Byron Peterson

19 PRESENT POSTOFFICE OF FATHER Cheraw, R. 2

20 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 43
 (Years)

21 BIRTHPLACE Chesterfield Co. S.C.

22 OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lelia Hooks

(15) PRESENT POSTOFFICE OF MOTHER Cheraw, R. 2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Chesterfield Co. S.C.

(19) OCCUPATION Farm house work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vailey Jones

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

Midwife Cheraw, R. 2

When name added from a supplemental report

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

(27) Filed 19 .. (28) D. S. Matheson 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.