

(1) PLACE OF BIRTH

County of Henry
 Township of Gallie
 Inc. Town of
 City of

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

File No.—For State Registrar Only
41009

Registration District No. 2505

Registered No. 138
 (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 Mattie Cora If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Cora</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gallie R 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gallie R 3</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>52</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Henry</u>			(18) BIRTHPLACE <u>Henry</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.,
 on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife Heather R. R.

Given name added from a supplemental report

(25) Witness

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

(26) Dec 20 1923

(27) Geo M. Higgins
 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.