

## (1) PLACE OF BIRTH

County of CherokeeTownship of St. Markor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3486

Registration District No. 1910 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Chester Mack

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 8 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Rufus Mack(9) PRESENT POSTOFFICE OF FATHER Melrose SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucian Simon(15) PRESENT POSTOFFICE OF MOTHER Melrose SC(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 born alive at 12 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydian George(24) State whether Physician or Midwife (25) Address of Physician or Midwife Melrose SC

Given name added from a supplemental report

(26) Witness Lucian Carter  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2.8 Feb 8 1923 M. P. Pratt  
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.