

(1) PLACE OF BIRTH

County of LexingtonTownship of 11Inc. Town of 11City of 11
(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

33059

Registration District No. 3109 Registered No. 106
(For use of Local Registrar)(2) Full Name of Child Bettie Pauline Corley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 11 (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 1, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl C. Corley(9) PRESENT POSTOFFICE OF FATHER Lexington, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Lexington County(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Hendrix(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. N. Maestas(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Lexington

Name added from a supplemental report

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

(26) Filed 11/1/1923 (27) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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