

(1) PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of
 or
 City of Chester

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17134

Registration District No. 1107 Registered No. 66
 (For use of Local Registrar)
 (No. 218 Baldwin Village 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

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

(3) SEX OF CHILD <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>June 8, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Geo E Garbough</u>			(14) NAME BEFORE MARRIAGE <u>Marie Letteneyer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Baldwin Village</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Baldwin Village</u>	
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Darlington S C</u>			(18) BIRTHPLACE <u>Bennettsville S C</u>	
(13) OCCUPATION <u>Uptile</u>			(19) OCCUPATION <u>HC</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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) J. H. Ballalorne
 (24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Chester S C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
James B. 1923
 (27) Filed June 13, 1923 (28) James B. 1923 Local Registrar

*When there was no attending physician or midwife, 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.

FIRST-BORN. No. 1. THE OTHER. No. 2. etc. In question 1 RECORD OF COLUMBIA. COLUMN 9 C