

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Court House  
 or  
 Inc. Town of Chesterfield  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14315

Registration District No. 1263Registered No. 54  
(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 Maybell Stretes (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 5, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Earl Stretes  
 (9) PRESENT POSTOFFICE OF FATHER Ruby St  
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE .....

(13) OCCUPATION

farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Maybell Stretes  
 (15) PRESENT POSTOFFICE OF MOTHER .....

(16) OCCUPATION

farmer  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was May 5, 1922 at 9 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Stretes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 22, 1922(28) W. S. Watson 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.