

(1) PLACE OF BIRTH

County of ChesterfieldTownship of P.L. 1st

Inc. Town of

City of

(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

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

35384

Registration District No. 1208 Registered No.
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 29 1923
(Name & Month) (Day) (Year)

FATHER.

(8) FULL NAME Sewell(9) PRESENT POSTOFFICE OF FATHER Cheraw, R. 2(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 38 (Year)(12) BIRTHPLACE Chesterfield Co.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Iola Austin(15) PRESENT POSTOFFICE OF MOTHER Cheraw, R. 2(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 26 (Year)(18) BIRTHPLACE Chesterfield Co.(19) OCCUPATION in & house work(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) K. Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheraw, R. 2

Given name added from a supplemental report

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

(27) Filed 19 (28) D. S. Matheson 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.