

(1) PLACE OF BIRTH

County of NewberryTownship of Dor
Inc. Town ofor
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

18546

Registration District No. 3405 Registered No. 1
(For use of Local Registrar)(2) Full Name of Child Diggie Bess Hincaid If child is not yet named, make supplemental report as directed(3) SEX OR girl (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married yes (7) DATE OF BIRTH Mar. 26, 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Colie Hincaid(9) PRESENT POSTOFFICE OF FATHER Blair's B.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE So. Car.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Annie Bell Chaplin(15) PRESENT POSTOFFICE OF MOTHER Blair's B.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE So. Car.(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Silvia Rutherford(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blair's B.C.

Given name added from a supplemental report

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

(27) Filed July 9, 1923 (28) L. B. Whitney 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.