

(1) PLACE OF BIRTH

County of San CarlosTownship of Reynolds Hill

Inc. Town of

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 HealthNo. 1A-For State Registrar
41255Registration District No. 2206 Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Mary Innesdale If child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex of mother yes (7) DATE OF BIRTH Dec 23, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Innesdale(9) PRESENT RESIDENCE OF FATHER Heath Springs St.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE San Carlos Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leandra Innesdale(15) PRESENT RESIDENCE OF MOTHER Heath Springs St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE San Carlos Co(19) OCCUPATION Farming(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 on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

(22) (Signature) Emma Williams(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Heath Springs St

(If name added from a supplemental report)

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

(26) Signed Jan 2, 1924 (27) E. J. Williams Local Registrar

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