

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10479

Registration District No. 1102

Registered No.

38

(For use of Local Registrar)

(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) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

No

Ward

BIRTH

(7) DATE

Apr. 6, 1929

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Davis Cord

(9) PRESENT POSTOFFICE OF FATHER

Chester S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

4/9

(Years)

(12) BIRTHPLACE

Chester County

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

8

MOTHER

(14) NAME BEFORE MARRIAGE

Matthe Black

(15) PRESENT POSTOFFICE OF MOTHER

Chester S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

Chester County

(19) OCCUPATION

Farmer

(20) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mary X Heath

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chester

Given name added from a supplemental report

191

Registrar

(26) Witness

Dessley Heath

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

(27) Filed 4-12-29

J. H. M. Gure

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.

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