

Form No. 1

## (1) PLACE OF BIRTH

County of GeorgetownTownship of #4

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

17703

Registration District No. .... Registered No. .... 90  
(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 Stella May Chidge If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 23 1923  
(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Dwight Chidge</u>	(14) NAME BEFORE MARRIAGE <u>Jane Chidge</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Georgetown Cong SC</u>	(13) OCCUPATION <u>Fireman S.A. &amp; Ry</u>	(18) BIRTHPLACE <u>Georgetown Cong SC</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was for dr at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Hugh Midwife (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Filed July 4 1923 (27) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.