

(1) PLACE OF BIRTH
County of Asherille
Township of Magnolia
and 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
Division of Vital Statistics
State Board of Health

Registration District No. 189 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Mary Chickasaw [If child is not yet named, make supplemental report as directed]

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Infant <u>To be recorded as a child of Father & Mother</u>	(5) AGE IN YEARS <u>yes</u>	(6) DATE OF BIRTH <u>Feb 6 1923</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Joseph Chickasaw</u>	(9) HOME ADDRESS <u>Asherille, Route 29</u>	(10) FULL NAME <u>Wing Penderwood</u>	(11) HOME ADDRESS <u>Asherille, Route 24</u>
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(16) BIRTHPLACE <u>Asherille Co</u>		(17) BIRTHPLACE <u>Asherille Co</u>	
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 8 A.M.... on the date above stated.
(Be alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Campbell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report

(26) Witness (signature of Witness necessary only when question 22 is signed "Early")
(27) Filed Feb 10 1923 (28) H. H. Harris 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.