

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Chick

Township of Chick

or
Inc. Town of Chick

or
City of Chick

(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

12569

Registration District No. 2 A Registered No. 39
(For use of Local Registrar)

(2) Full Name of Child Lois Corbin

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl

4) Twin or Triplet?

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Are Parents Married Yes

7) DATE OF BIRTH

May 19 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Woodruff Jordan

9) PRESENT POSTOFFICE OF FATHER Chick, S.C.

10) COLOR OR RACE White

11) AGE AT LAST BIRTHDAY 41
(Years)

12) BIRTHPLACE Chick, S.C.

13) OCCUPATION Teacher

20) Number of children born to mother, including present birth 8

MOTHER.

14) NAME BEFORE MARRIAGE Lois Corbin

15) PRESENT POSTOFFICE OF MOTHER Chick, S.C.

16) COLOR OR RACE White

17) AGE AT LAST BIRTHDAY 37
(Years)

18) BIRTHPLACE Chick, S.C.

19) OCCUPATION Housewife

21) 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 Lois Corbin at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5 30 1923 (28) [Signature] 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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