

Fill in the following information for each child, and mark the first-born. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Beaufort
 Township of Chatham
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar only
9410

Registration District No. 603A... Registered No. 9.....
 (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 Ida named

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

(1) BOY OR GIRL girl (2) Twin or Triplet To be answered only in case of Twin or Triplet (3) Number in order of birth (4) Age of Mother no (5) DATE OF BIRTH Feb 17 1923
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME
 (7) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Jones
 (15) PRESENT POSTOFFICE OF MOTHER Dale, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Beaufort Co., S. C.
 (20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Emmanuel Gibson
 (23) State whether Physician or Midwife (24) Address of Phys. or Midwife
Midwife Dale, S. C.

Given name added from a supplemental report

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

(26) Filed Feb 22, 1923 (27) Maria Jones

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.