

(1) PLACE OF BIRTH

County of SeafordTownship of 11or
Inc. Town ofor
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.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43562

Registration District No. 3109 Registered No. 138

(For use of Local Registrar)

(No. St.; Ward)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 21 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colliatt Jackson

(9) PRESENT POSTOFFICE OF FATHER Lexington S.C. Rts

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Tex

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Barnes

(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C. Rts

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Tex

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 9 1923 (28) Mrs. C. E. Taylor 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.

REGISTRAR

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