

(1) PLACE OF BIRTH

County of

Lexington

Township of

Black Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

41495

Registration District No. 3100

Registered No. 53

(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

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

(3) SEX OF CHILD Boy	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth 2	(6) Age at Birth 23	(7) DATE OF BIRTH Sept 16 1923 (Month) (Day) (Year)
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FATHER.

(8) FULL NAME
Jesse Kitchen(9) PRESENT POSTOFFICE OF FATHER
Hedman(10) COLOR OR RACE
Black(11) AGE AT LAST BIRTHDAY
27
(Year)(12) BIRTHPLACE
Pike(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
2

MOTHER.

(14) NAME BEFORE MARRIAGE
Gertie Davenport(15) PRESENT POSTOFFICE OF MOTHER
Hedman(16) COLOR OR RACE
Black(17) AGE AT LAST BIRTHDAY
24
(Year)(18) BIRTHPLACE
Lexington(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ann Pickles

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Ulcer name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Dec 10 1923 (28) 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.