(1) PLACE OF BIRTH

County of Chester

Township of .....

or

Inc. Town of .....

or

City of Chester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31591

Registration District No. 11A Registered No. 99 (For use of Local Registrar)

(No. Chester Sanatorium 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 Athanasios Kotoras .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Sept 27 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Steve Kotoras	(14) NAME BEFORE MARRIAGE Mary Griva
(9) PRESENT POSTOFFICE OF FATHER Chester SC	(15) PRESENT POSTOFFICE OF MOTHER Chester SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Galaxidion Greece	(18) BIRTHPLACE Galaxidion Greece
(13) OCCUPATION Crop Restaurant	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth { 1	(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: [illegible]

(25) Address of Physician or Midwife: Chester SC

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct 24 1923 (28) [illegible] 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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