

(1) PLACE OF BIRTH

County of Chester
 Township of Lewisville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41570

Registration District No. 1106 Registered No. 129
 (For use of Local Registrar)

City of (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 Hellie Massey 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 Oct 19, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Massey
 (9) PRESENT POSTOFFICE OF FATHER Rodman St.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
 (Year) (12) BIRTHPLACE Chester Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Nelson
 (15) PRESENT POSTOFFICE OF MOTHER Rodman St.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY
 (Year) (18) BIRTHPLACE Chester Co
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 13
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lizzie Peterson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rodman St.

Given name added from a supplemental report

(26) Witness

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

(27) Signed Jan 3, 23(28) J. H. Kline

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.