

## (1) PLACE OF BIRTH

County of AndersonTownship of Chiltonor Inc. Town of Chiltonor City of Chilton

(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

Registration District No. 310

No. for State Registrar

2874

Registered No. 52  
(For use of Local Registrar)

## (2) Full Name of Child

Girl5-2-23

## FATHER.

5-2-23

## MOTHER.

5-2-23

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was 5-2-23 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) 5-2-23(24) State whether Physician or Midwife 5-2-23(25) Address 5-2-23(26) Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 11, 1923 (28) N. H. Scawiger  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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