

(1) PLACE OF BIRTH

County of Chester

Township of

Inc. Town of

City of Chester

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. 11A

File No.—For State Registrar Only

10465

Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child

Mary Ella Courson

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

Apr 23 1924

(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME

JAMES COURSON

(9) PRESENT POSTOFFICE OF FATHER

Chester S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Chester Co.

(13) OCCUPATION

Carpenter

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

8

MOTHER:

(14) NAME BEFORE MARRIAGE

Rachel Courson

(15) PRESENT POSTOFFICE OF MOTHER

Chester S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Chester Co.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary if less than 23 is stated by mother)

(27) Registrar

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 month of pregnancy.

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