

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Chester
Township of Lauraville
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

6434

Registration District No. 1106 Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child Laura Jennings

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

(3) SEX OF CHILD Girl (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 44 (6) Age 44 (7) DATE OF BIRTH Feb 28 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Abe Jennings
(9) PRESENT POSTOFFICE OF FATHER Lando SC.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year)
(12) BIRTHPLACE SC.
(13) OCCUPATION Fireman
(14) Number of children born to mother, including present birth 5

MOTHER.
(15) NAME BEFORE MARRIAGE Lillie Boulware
(16) PRESENT POSTOFFICE OF MOTHER Reichburg #2
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 23 (Year)
(19) BIRTHPLACE SC.
(20) OCCUPATION Farm Laborer
(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 born alive at 3 P. M., on the date above stated.

(23) (Signature) Mahaley Stewart
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Reichburg #2

Given name added from a supplemental report

(26) Witness J. H. Hall
(Signature of Witness necessary only when question 22 is signed by mother)
(27) Filed 3 1923 (28) J. H. Hall 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.