MARGIN RESERVED FOR BINDING.
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 5.
Bureau of Colonial, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41997

(1) PLACE OF BIRTH

County of Oconee
Township of Chattooga
or
Inc. Town of .....
or
City of .....

Registration District No. 3501 Registered No. 33
(For use of Local Registrar)

(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 Hattie Fay Queen (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
Girl	To be answered only in event of Twins or Triplets		Yes	Sept 16 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Elford Queen	(14) NAME BEFORE MARRIAGE Titha Wikel
(9) PRESENT POSTOFFICE OF FATHER Mt Rest S C	(15) PRESENT POSTOFFICE OF MOTHER Mtn Rest S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Rabun Co. Ga.	(18) BIRTHPLACE Jackson Co N.C
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1 Eleven	(21) Number of children of this mother now living, including present birth 1 Eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Jane Nicholson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Mt Rest S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Dec 31 1923 (28) W R Hunt
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.