

## (1) PLACE OF BIRTH

County of Allendale

Township of .....

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillie May Charlton

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

(3) SEX OF CHILD girl (4) Type of Triplet To be answered only in event of Triplet or Triplet (5) Number in order of birth 1st (6) Age at birth 1 year (7) DATE OF BIRTH Jan 15 23

(8) FULL NAME OF FATHER Mitchell Charlton(9) PRESENT RESIDENCE OF FATHER Allendale SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33(12) BIRTHPLACE SC(13) OCCUPATION Farm Labor(14) Number of children born to mother, including present birth 1(10) NAME BEFORE MARRIAGE Effie Dennis(11) PRESENT RESIDENCE OF MOTHER Allendale SC(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 28(14) BIRTHPLACE SC(15) OCCUPATION Farm Labor(16) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was born on the date above stated. (18) (Signature) Sophy M. B. Ladd (19) State whether Physician or Midwife Midwife (20) Address of Physician or Midwife Philly Allendale

(21) Given name added from a supplemental report

(22) Witness F. H. Boyd (23) (Signature of Witness necessary only when question 22 is signed by mother) F. H. Boyd(24) Registrar 19(25) Filed Jan 26 1923 (26) Local Registrar F. H. Boyd

\*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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

115

Registration District No. 460Registered No. 3 (For use of Local Registrar)

(No. of St.) (Ward)

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