

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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens

Township of

OR
Inc. TOWN of

OR
City of Chesley

(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. 37-A

No. 1.—For State Registrar Only

36053

Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 14 27</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank C. Pickens</u>			(14) NAME BEFORE MARRIAGE <u>Lyde C. Bowen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chesley</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chesley</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>SC.</u>			(18) BIRTHPLACE <u>SC.</u>	
(13) OCCUPATION <u>Sheet metal worker</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 6 a
on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(25) Address of Physician or Midwife
Chesley

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

(27) Filed Nov. 4 1927 (28) J. H. Nyath 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.

If a child is reported as stillborn, householder, etc., should make this return. If fifth month of pregnancy.