

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Chesterfield
 Township of J. P. Farwell
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
76377

Registration District No. 1204 Registered No. 68
 (For use of Local Registrar)

(2) Full Name of Child George Middleton } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept 17, 1910</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME Haskell Middleton

(9) PRESENT POSTOFFICE OF FATHER Jefferson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Chesterfield

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth } 2

MOTHER

(14) NAME BEFORE MARRIAGE Wife Lowery

(15) PRESENT POSTOFFICE OF MOTHER Jefferson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Chesterfield

(19) OCCUPATION House wife

(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 at 3 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ame Raley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid wife Bethune

Given name added from a supplemental report
 191.....

 Registrar

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

(27) Filed Sept 18 6 1910 (28) D. H. Beachard 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.

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.
 McCaw, of Columbia.