

USE THIS SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>chester</u>		OF SOUTH CAROLINA		18180	
Township of <u>Womble Hill</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of <u>chesterfield</u>		Registration District No. <u>1203</u>		Registered No. <u>66</u>	
OR				(For use of Local Registrar)	
City of .....		(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 <u>John Stritt</u>		Child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 29</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Stritt</u>			(14) NAME BEFORE MARRIAGE <u>Genevieve</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>chesterfield</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>chesterfield</u>		
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>black</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE			(18) BIRTHPLACE		
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>June 29</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Julia Border</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness .....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>June 8</u> 19 <u>22</u>		
Registrar			(28) <u>M. S. Watson</u> 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.					