

(1) PLACE OF BIRTH

County of York
 Township of K.M.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20585

Inc. Town of Registration District No. 4407 Registered No. 57
 or
 City of (For use of Local Registrar)

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

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

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 26 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Agie Worthy
 (9) PRESENT POSTOFFICE OF FATHER Filbert
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Chester C.P.S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Woods
 (15) PRESENT POSTOFFICE OF MOTHER Filbert
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE York C.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

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

Mary Brown Filbert S.C.
Cor

Given name added from a supplemental report

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

(27) Filed July 6, 1927 (28) O.C. Ford 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.

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McGraw, of Columbia