

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24406	
Township of <u>West</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>10.4</u>		Registered No. <u>57</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Mamie Chickessa</u>				If child is not yet named, make supplemental report as directed	
(3) SEX— GIRL?	(4) Twins or Triplets?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 24, 1922</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Esther Chickessa</u>			(14) NAME BEFORE MARRIAGE <u>Viola Huey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>West</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>West</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Abbeville S.C.</u>			(18) BIRTHPLACE <u>Abbeville S.C.</u>		
(13) OCCUPATION <u>Driver</u>			(19) OCCUPATION <u>Laundress</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>white</u> at <u>8</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Reuben Janney</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>West</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>22</u> Registrar			(27) Filed <u>Aug. 25, 1922</u> (28) <u>J. H. B. B. B.</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.					