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U. S. Dept. of Commerce  
Bureau of the Census

No Corres. 22 049421

## 1. PLACE OF BIRTH

County of Richland

## Standard Certificate of Birth

FILE No.—For State Registrar Only

01165

Township of Sykesland

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthInc. Town of S.C.Registration District No. 3806Registered No. ....  
(For use of Local Registrar)

City of .....

(No. .... St.;  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) ..... Ward)

## 2. FULL NAME OF CHILD

Mary Ella Chappell{ If child is not yet named, make  
supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Mar 28</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Jesse Chappell</u> FATHER				18. Name before marriage <u>Elizabeth Coleman</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Sykesland</u> <u>white</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Sykesland S.C.</u> <u>white</u>		
11. Color or race.....		12. Age at child's birth <u>43</u> (years)		20. Color or race.....		21. Age at child's birth <u>38</u> (years)
13. Birthplace (city or place) (State or country) <u>Bookman</u> <u>Fairfield Co.</u>				22. Birthplace (city or place) (State or country) <u>Feasterville</u> <u>Feasterville</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad</u> <u>Engineer</u>				23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....		
16. Date (month and year) last engaged in this work..... 19.....				17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work..... 19.....
27. Number of children of this mother (At time of birth and including this child) <u>eight</u>				(a) Born alive and now living <u>yes</u>		
28. If stillborn, period of gestation..... months weeks				29. Cause of stillbirth..... Before labor..... During labor.....		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6 a. m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report.....  
(Date of) .....(Signed) Jesse Chappell Parent

or..... Guardian

Address Sykesland S.C.Filed 7/6, 1943 L. A. Riser, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of  
each, in order of birth, stated.

(See instructions on Back of Certificate.)

Paid