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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

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806

FILE No. For State Registrar Only

01165

Township of Lykesland

or

Inc. Town of S.C.

or

City of \_\_\_\_\_

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) \_\_\_\_\_ St.; \_\_\_\_\_ Ward

## 2. FULL NAME OF CHILD

Mary Ella Chappell

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

3. Boy or Girl

If Plural

4. Twins, triplets or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Are Parents

8. Date of

birth Mar 28, 1922Girl

births

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

Married? yes

(Month, day, year)

9. Full name

FATHER

Jesse Chappell

18. Name before marriage

MOTHER

Elizabeth Coleman

10. Residence (mailing address)

Lykesland

19. Residence (mailing address)

Lykesland S.C.

(If non-resident, give place and State)

(If non-resident, give place and State)

11. Color or race white12. Age at child's birth 43 (years)20. Color or race white21. Age at child's birth 38 (years)

13. Birthplace (city or place)

Bookman

22. Birthplace (city or place)

Feasterville(State or country) Richland Co.(State or country) Richland Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Railroad Engineer

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) eight(a) Born alive and now living yes

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

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) Mrs. Jesse Chappell

or \_\_\_\_\_

Guardian

Address Lykesland 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