

## (1) PLACE OF BIRTH

County of *Anderson*Township of *York*

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Hospital Use

2805

Registration District No. *5.0.5*Registering No. *1.3*

(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 *James Harold Chastain* If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? *Boy*

(2) Twin or triplet?

(3) Number in order of birth

(4) Are Parents Married? *Yes*(5) DATE OF BIRTH *Feb 16 23*

## FATHER.

(6) FULL NAME *Elmer L Chastain*(7) PRESENT POSTOFFICE OF FATHER *Laurinville*(8) COLOR OR RACE *White* (9) AGE AT LAST BIRTHDAY *26* (Years)(10) BIRTHPLACE *SC*(11) OCCUPATION *Farmer*(12) Number of children born to mother, including present birth *2*

## MOTHER.

(13) NAME BEFORE MARRIAGE *Lena Pardon*(14) PRESENT POSTOFFICE OF MOTHER *Laurinville*(15) COLOR OR RACE *White* (16) AGE AT LAST BIRTHDAY *27* (Years)(17) BIRTHPLACE *SC*(18) OCCUPATION *Housewife*(19) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* at the date above stated. (Keep alive or stillborn) (Hour A. M. or P. M.) *6 P*(21) (Signature) *J. H. Hobson*

(22) State of Physician or Midwife (23) Address of Physician or Midwife

Given name added from a report and report

When these two children are born, the child's name should be reported to the State Board of Health