

## (1) PLACE OF BIRTH

County of Allendale  
 Township of Brillford  
 or  
 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 Registrar Only

37032

Registration District No. 403 Registered No. 67  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Ermy chest

(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 9 6) Are Parents Married? yes 7) DATE OF BIRTH Nov. 10, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Marion Chest  
 9) PRESENT POSTOFFICE OF FATHER Allendale SC  
 10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 40  
 (Years)  
 12) BIRTHPLACE Allendale S.C.  
 13) OCCUPATION Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE Ella Baxter  
 15) PRESENT POSTOFFICE OF MOTHER Allendale  
 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 18) BIRTHPLACE Allendale S.C.  
 19) OCCUPATION Farmer

20) Number of children born to mother, including present birth 9 21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Chest

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

Marion Chest

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

(27) John H. H. 22 (28) John H. H. 22 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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