

## (1) PLACE OF BIRTH

County of CharlestonTownship of "or Inc. Town of "or City of "

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

(2) Full Name of Child Chippard(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept 23, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME M. Neal Chippard(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION mill op(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Janette Waesce(16) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(17) COLOR OR RACE N(18) AGE AT LAST BIRTHDAY 22

(Years)

(19) BIRTHPLACE N.C.(20) OCCUPATION House-wife(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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Neal Chippard

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife Charleston, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-1-23 23

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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