

Form No. 1

(1) PLACE OF BIRTH

County of Columbia
 Township of West Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3612 Registered No. 39
 (For use of Local Registrar)

File No.—For State Registrar Only
16239

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

(2) Full Name of Child Lucy Chadwell

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11, 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Chadwell
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE Obg Co.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Emma Gavin
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Obg Co.
 (19) OCCUPATION Domestic
 (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 Alex at 7 P. M.
 on the date above stated. (If live or stillborn) (How A. M. or P. M.)

(23) (Signature) Mary A. Chadwell
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

(25) Witness J. H. Allen
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed May 19, 1927 (28) J. H. Allen
 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MADE IN COLUMBIA, COLUMBIA, S. C.