

## (1) PLACE OF BIRTH

County of Anderson.....

Township of Garvin.....

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

58607

Registration District No. 315

Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child Hazel Montez Chapman.....

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

(3) BOY OR GIRL Girl.

(4) Twin or Triplet?

(5) Number in order of birth 7

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH March 4, 1916.  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Frederick T Chapman.

(9) PRESENT POSTOFFICE OF FATHER

Pendleton S.C., #2.

(10) COLOR OR RACE

White.

(11) AGE AT LAST BIRTHDAY

36.

(Years)

(12) BIRTHPLACE

Pickens Co., S.C.

(13) OCCUPATION

Farming.

(20) Number of children born to mother, including present birth

Seven.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Lee Vaughn.

(15) PRESENT POSTOFFICE OF MOTHER

Pendleton S.C., #2.

(16) COLOR OR RACE

White.

(17) AGE AT LAST BIRTHDAY

36.

(Years)

(18) BIRTHPLACE

Anderson Co., S.C.

(19) OCCUPATION

House Wife.

(21) Number of children of this mother now living, including present birth

Six.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive.... at 12:30 P.M. M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. S. Hutchison M.D. A.D. 1916

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician.

Anderson S.C., #2.

W/S/H.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/29/16

1016

(28)

J. L. Casey 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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NOTE:—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BLANK PLAINLY, WITH UNREADING EYE—THIS IS A VITAL RECORD.

McGowan of Columbia