

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19253

Registration District No. 4008 Registered No. 177
 (For use of Local Registrar)

(No. R. 1 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 Samuel Kinard Chapman child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 9, 1923
 To be answered only in case of Twins or Triplets (Date of Month) (Day) (Year)

FATHER

(8) FULL NAME Funer Chapman
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg R. 1 S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE S C
 (13) OCCUPATION farmer

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Jennings
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg R. 1 S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE S C
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) W. H. Chapman (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Whitney S C

Were same added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 7, 1923 (28) Mrs. C. F. Barker 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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