

## (1) PLACE OF BIRTH

County of Durham

Township of .....

Inc. Town of Hartsville

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

Registration District No. 15-B

File No. — For State Registrar Only

**3879**Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Flourie Chace(3) BOY OR GIRL? Girl(4) Twin or Triplet? ☒(5) Number in order of birth 1

It is assumed only in case of twins or triplets

(6) Are Parents Married? ☒(7) DATE OF BIRTH Feb. 22 1922  
(Name of Month) (Day) (Year)

MOTHER

(8) FULL NAME Walter Chace(9) PRESENT POSTOFFICE OF FATHER Hartsville SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Lumberton SC(13) OCCUPATION Labour(14) NAME BEFORE MARRIAGE Hattie Wilson(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Lumberton SC(19) OCCUPATION House(20) Number of children born to mother, including present birth 12(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 born at Feb. 29 M. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. J. McKeen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 13 22(28) W. J. McKeen Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.