

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Rock Hill

or

Inc. Town of

or

City of Rock Hill

(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
45007Registration District No. 44B Registered No. 188

(For use of Local Registrar)

St. Nelson Ward

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

(2) Full Name of Child Wendell Chisholm If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 11 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Chisholm(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE Afro-American (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Gastonia, N.C.(13) OCCUPATION Dining Room Waiter(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Lowry(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE Afro-American (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE York County(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. Macdon

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

Physician Rock Hill, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 12/30 1915 (28) J. H. Mew 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 BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 3.

McCaw, of Columbia.