

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

4/7/2011 11/21/2011 12/15/2011  
CERTIFICATE OF BIRTHSTATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
3478

Registration District No. 904

Registered No. 17  
(For use of Local Registrar)(No. \_\_\_\_\_ SC; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)

## (2) Full Name of Child Elizabeth Champain

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

(3) BOY OR GIRL

G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 17 1922

(8) FULL NAME

Thomas Champain

MOTHER

(14) NAME BEFORE MARRIAGE

Sarah Champain

(9) PRESENT POSTOFFICE OF FATHER

A. Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER

A. Charleston S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

James Island S.C.

(18) BIRTHPLACE

James Island S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farm-helper

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

{

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

{

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Miley Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife R. L. Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12-15-22

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.