

(1) PLACE OF BIRTH

County of Anderson  
Township of Brushy CreekCERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No. — For State Registrar Only  
**62991**Inc. Town of ..... Registration District No. 302 Registered No. 69  
(For use of Local Registrar)  
City of ..... (No. .... 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 Guy Chappell } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 15 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Clingman Chappell(9) PRESENT POSTOFFICE OF FATHER Easley S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Transylvania Co. N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucinda Heatherley(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Waynesville N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J.C. Pepper M.D.

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

Physician Easley S.C. R.F.D. No. 5

Given name added from a supplemental report

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

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Registrar

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

(27) Filed July 25 1916 (28) W.T. Watson 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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