

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
Township of Centerville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**1898?**

Registration District No. 3801 Registered No. 44  
(For use of Local Registrar)  
(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 Franklin Chavis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Wesley Chavis  
(9) PRESENT POSTOFFICE OF FATHER Centerville S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29  
(12) BIRTHPLACE Richland Co S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 15

MOTHER.  
(14) NAME BEFORE MARRIAGE Janie Potterson  
(15) PRESENT POSTOFFICE OF MOTHER Centerville S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Richland Co S.C.  
(19) OCCUPATION None  
(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 12:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Wesley Chavis  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centerville S.C.

Given name added from a supplemental report

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

(27) Filed June 16 1923 (28) A. B. C. Lee Local Registrar

\*When there was no attending physician or midwife, then the father, headholder, 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.