

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Willowton
 Inc. Town of Peter
 City of Peter

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

Registration District No. 39

Registered No. 150
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.) Ward)

(2) Full Name of Child Hayes Lee Chen If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl

4) Twin or Triplet

5) Number in order of birth
To be answered only in event of Twin or Triplet6) Are Parents Married yes7) DATE OF BIRTH Nov 17 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Thos A. Chen

9) PRESENT POSTOFFICE OF FATHER

Peter S.C.

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

32
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

mill work

14) Number of children born to mother, including present birth

4

MOTHER.

15) NAME BEFORE MARRIAGE

Lucia Taylor

16) PRESENT POSTOFFICE OF MOTHER

Peter S.C.

17) COLOR OR RACE

white

18) AGE AT LAST BIRTHDAY

32
(Years)

19) BIRTHPLACE

S.C.

20) OCCUPATION

housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...
 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 27 1923

(28) 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.