

K O D A K S . A

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

File No. — For State Registrar Only

18854

County of Pickens
 Township of Pickens
 or
 Inc. Town of
 or
 City of

Registration District No. 37A Registered No. 72
 (For use of Local Registrar)
 St. Ward)

(2) Full Name of Child Henry Chapman

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

(1) SEX <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>2</u>	(7) DATE OF BIRTH <u>June 2 1885</u>
FATHER. (8) FULL NAME <u>Henry Chapman</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Marion Anderson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens #4</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>	
(12) BIRTHPLACE <u>Pickens Co</u>			(18) BIRTHPLACE <u>Pickens Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, Henry Chapman, on the date above stated.
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Pickens Co

Given name added from a supplemental report 101	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>[Signature]</u>
..... 101	(27) Filed <u>101</u> (28) <u>4 E. Carter</u> 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.