

(1) PLACE OF BIRTH

County of

Chester

Township of

Halsellville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45761

Registration District No. *1104*

Registered No.

2

(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 *T. B. Chalk*

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

(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? *<*(5) Number in order of birth *5*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Jan 21

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Chalk

(9) PRESENT POSTOFFICE OF FATHER

Chester S.C. Rt. 1(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *28*

(Years)

(12) BIRTHPLACE

Chester Co.

(13) OCCUPATION

Farming

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Belle Price

(15) PRESENT POSTOFFICE OF MOTHER

Chester S.C. Rt. 1(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *25*

(Years)

(18) BIRTHPLACE

Chester Co.

(19) 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 *live* at *9 O'clock a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Pintha Rawls*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Chester S.C. Rt. 1

Given name added from a supplemental report

191....

Registrar

(26) Witness

Tom Chalk
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Feb 7* 1916

(28)

H. T. McDaniel

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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Form 10, 1916. MARSH PRINTING CO. PHOENIX, ARIZ.

THIS PLACE FOR SIGNATURE OF REGISTRAR IS TO BE USED IN A SUPPLEMENTAL REPORT.

In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

McCaw