

(1) PLACE OF BIRTH  
 County of Chester  
 Township of Halsellville  
 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  
**45761**

Registration District No. 1104 Registered No. 2  
 (For use of Local Registrar)  
 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? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>
<small>To be answered only in case of Twins or Triplets</small>			
<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Tom Chalk</u>		(14) NAME BEFORE MARRIAGE <u>Belle Price</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chester S.C. Rt. 1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Chester S.C. Rt. 1</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Chester Co.</u>		(18) BIRTHPLACE <u>Chester Co.</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9 O'clock a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vieta 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. J. 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, 1915. **MAILED FORWARDED FOR FUTURE USE.** **THIS PLACE WITH DATE IS TO BE FILLED IN BY THE REGISTRAR.** **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  
 M. I.