

(1) PLACE OF BIRTH  
County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....

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

REGISTRATION DISTRICT NO. 430  
6430

Registration District No. 430

Registered No. 16  
(For use of Local Registrar)

(2) Full Name of Child Elva M. Chan (If child is not yet named, give name and date of birth)

(3) SEX OF CHILD Female (4) AGE OF CHILD 2 1/2 (5) DATE OF BIRTH Feb 2 1923

(6) NAME OF FATHER Waring Hall M. Chan (7) NAME OF MOTHER Magaret Grace Chan

(8) NAME OF CHILD Elva M. Chan (9) NAME OF CHILD Elva M. Chan

(10) COLOR OF CHILD White (11) COLOR OF CHILD White

(12) OCCUPATION F.C. (13) OCCUPATION F.C.

(14) OCCUPATION Farmer (15) OCCUPATION Housewife

(16) Number of children born to mother, including present child 2 (17) Number of children of this mother 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(18) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(19) (Signature) W. Chan (20) State whether Physician or Midwife Physician (21) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report  
(22) Witness (Signature of Witness) W. Chan  
(23) Filed Feb 10 1923 (24) W. Chan

When there was no attending physician or midwife, then the father, husband, or mother, if a child breathes even once, it must not be reported as deceased until before the birth month.