

(1) PLACE OF BIRTH

County of Chester
 Township of Lewisville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37749

Registration District No. 1106 Registered No. 111
 (For use of Local Registrar)

City of (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 Joseph Chisholm { 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Ans. Chisholm</u>		(14) NAME BEFORE MARRIAGE	<u>Mazel Beatty</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Rodman #1 Sc</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Rodman #1 Sc</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE	<u>Sc</u>		(18) BIRTHPLACE	<u>Sc</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Farmer</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:10 P.M. on the date above stated. (Born alive stillborn) (Hour A.M. or P.M.)

(23) (Signature) John Stewart (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Rodman Sc.

Given name added from a supplemental report

(26) Witness John Stewart (Signature of Witness necessary only when question 23 is signed for mark)

(27) Filed 11/27 19 22 (28) J. T. Hollis 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.

MARGIN RESERVED FOR BINDING

WHEN PLACED IN THE RECORDS OF THE STATE OF SOUTH CAROLINA, THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS, OR A SEPARATE DEATH OF THE CHILD, THE CHILD'S NAME SHOULD BE PLACED IN THE RECORDS OF THE STATE OF SOUTH CAROLINA, IN THE CASE OF TWINS OR TRIPLETS, IN QUESTION 5.

RECEIVED AT COLUMBIA, S. C.