

(1) PLACE OF BIRTH

County of AndersonTownship of Bentonor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24674

Registration District No. 3rd Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child William Andrew Chapman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug - 28 - 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. W. Chapman(9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Cooley(15) PRESENT POSTOFFICE OF MOTHER Williamston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Houston M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Williamston S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-6-22 19 (28) Lillian Russell
Local RegistrarWhen 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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