

N. B.—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.

(1) PLACE OF BIRTH

County of Barnwell

Township of Albendale

or Town of Albendale

or City of Albendale

(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

88422

Registration District No. 570

Registered No. 173

(For use of Local Registrar)

(2) Full Name of Child

Clementine Chavous

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? -

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH December 25, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Warren Allen Chavous

(9) PRESENT POSTOFFICE OF FATHER Albendale S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Albendale S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Emice Holland

(15) PRESENT POSTOFFICE OF MOTHER Albendale S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Madison Ga.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Breeland, Jr.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Albendale 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 Dec. 30 1916

(28) F. C. Boyd, M.D. 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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