

Form No. 1

(1) PLACE OF BIRTH

County of Beckley
 Township of Leitch
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 3051

Registration District No. 108

Registered No. 19
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jarvis Chilton

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

(a) SEX OR GALT <u>Boy</u>	(b) Type of Birth <u>Full term</u>	(c) Number in order of birth <u>1</u>	(d) Date of Birth <u>Feb 8, 1905</u>	(e) DATE OF BIRTH <u>Feb 8, 1905</u>
FATHER.			MOTHER.	
(1) FULL NAME <u>James Chilton</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Chilton</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Cross St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross St.</u>	
(16) COLOR OF FATHER <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u>	(18) COLOR OF MOTHER <u>White</u>		
(19) BIRTHPLACE <u>Beckley County</u>	(20) OCCUPATION <u>Farmer</u>	(21) BIRTHPLACE <u>Beckley County</u>		
(22) Number of children born to mother, including present birth <u>5</u>			(23) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(25) (Signature) Lillian Chilton
 (26) State whether Physician or Midwife (27) Person of Physician or Midwife

Given name and date of registration and report

(28) Witness Mrs. Chilton
 (Signature of witness necessary only when question 24 is signed by mark)
 (29) Date Feb 12, 1905

When there was a stillbirth, if a child occurred even later

REMARKS: MEMORANDUM FOR BUREAU OF VITAL STATISTICS

When there was a stillbirth, if a child occurred even later