

PLACE OF BIRTH

County of

Unionship of

or Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30583

Registration District No. 44 B

Registered No. 212

(For use of Local Registrar)

Rock Hill, S.C.

Full Name of Child

Elvie Lee Chapman

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

BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 10, 1923

make noted

FATHER.

FULL NAME

John Martin Chapman

PRESENT POSTOFFICE OF FATHER

Rock Hill, S.C.

COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 41

(Years)

BIRTHPLACE

Partauberg, S.C.

OCCUPATION

Mill

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Lee (Canon)

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Laurens, S.C.

(19) OCCUPATION

House work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

M. P. Blackman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Rock Hill, S.C.

See name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

10/9/1923

(28)

J. E. Miller

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return, if child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.