

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 6.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>				STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>James Island</u>				State Board of Health		3480	
Incl. Town of				Registration District No. <u>904</u>		Registered No. <u>19</u>	
City of				(No. St.; Ward)		(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 <u>Hattie Chisolm</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) (Name of Month)	(9) (Day)	(10) (Year)
<u>Girl</u>			<u>Yes</u>	<u>Feb</u>	<u>21</u>	<u>19</u>	<u>22</u>
FATHER.				MOTHER.			
(11) FULL NAME	(12) PRESENT POSTOFFICE OF FATHER	(13) COLOR OR RACE	(14) AGE AT LAST BIRTHDAY (Years)	(15) NAME BEFORE MARRIAGE	(16) PRESENT POSTOFFICE OF MOTHER	(17) COLOR OR RACE	(18) AGE AT LAST BIRTHDAY (Years)
<u>John Chisolm</u>	<u>James Island</u>	<u>Black</u>	<u>40</u>	<u>Ella Giles</u>	<u>James Island</u>	<u>Black</u>	<u>36</u>
(19) BIRTHPLACE	(20) OCCUPATION	(21) Number of children born to mother, including present birth	(22) Number of children of this mother now living, including present birth	(23) BIRTHPLACE	(24) OCCUPATION	(25) Number of children of this mother now living, including present birth	(26) Number of children of this mother now living, including present birth
<u>James Island S.C.</u>	<u>Farm Laborer</u>	<u>10</u>	<u>5</u>	<u>James Island</u>	<u>Housewife</u>	<u>5</u>	<u>5</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(27) I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated.							
(28) (Signature) <u>John Chisolm</u>				(29) State whether Physician or Midwife			
<u>Father</u>				(30) Address of Physician or Midwife			
<u>James Island</u>				(31) Given name added from a supplemental report			
<u>None</u>				(32) Witness			
<u>None</u>				(33) (Signature of Witness necessary only when question 32 is signed by mark)			
<u>None</u>				(34) Filed <u>Feb 22 1922</u>			
<u>None</u>				(35) 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.							