

Form No. 1

## (1) PLACE OF BIRTH

County of LaurieTownship of Laurieor  
Inc. Town ofor  
City of

(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

49672

Registration District No. 7916 Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child

Leslie Wilson Chapp

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be numbered only in event of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Leslie Chapp

(9) PRESENT POSTOFFICE OF FATHER

Laurie S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3

(Years)

(12) BIRTHPLACE

Greenville N.C.

(13) OCCUPATION

Carpenter

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

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Maudie Stone

(15) PRESENT POSTOFFICE OF MOTHER

Laurie

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Spaulding B.S.C.

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State where Physician or Midwife (25) Address of Physician or Midwife

Physician Laurie 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

July 7 1916

(28)

E. E. Bishop

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.

WITH PLAINLY VISIBLE MARKING FOR USE IN A SUPPLEMENTAL REPORT FOR EACH CHILD, AND WHEN THE CHILD IS NOT YET NAMED, MAKE A SUPPLEMENTAL REPORT AS DIRECTED.

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