

Form No. 1

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Mt. Croghan  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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

37808

Registration District No. 200 Registered No. 76  
 (For use of Local Registrar)

(2) Full Name of Child not named 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 20, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 8) FULL NAME Jack Chisler  
 9) PRESENT POSTOFFICE OF FATHER Mt. Croghan S.C.  
 10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 44 (Years)  
 12) BIRTHPLACE Union Co. N.C.  
 13) OCCUPATION Farmer

MOTHER  
 14) NAME BEFORE MARRIAGE Mary Stewart  
 15) PRESENT POSTOFFICE OF MOTHER Mt. Croghan S.C.  
 16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 35 (Years)  
 18) BIRTHPLACE Chesterfield Co. S.C.  
 19) OCCUPATION House wife

20) Number of children born to mother, including present birth 16 21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia Tate  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) P. B. Pearson 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.

MAKES KEPT FOR BINDING. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, SECOND, No. 2, etc., in question 5.