

THIS FORM IS TO BE USED FOR THE REGISTRATION OF BIRTHS OF CHILDREN BORN IN THIS STATE. IT IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, MOTHER, OR OTHER PERSON HAVING KNOWLEDGE OF THE FACTS. 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 5.

(1) PLACE OF BIRTH
 County of Harley
 Township of Conway
 OF
 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
90338

Registration District No. 2502 Registered No. 2107
 (For use of Local Registrar)

(2) Full Name of Child Solomon Chestnut If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>December 15, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Johnie Chestnut</u>	(14) NAME BEFORE MARRIAGE <u>Maryana Hering</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle Beach S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Myrtle Beach S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Wampsee S.C.</u>	(13) OCCUPATION <u>Labor</u>	(18) BIRTHPLACE <u>Socastee S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. S. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Myrtle Beach S.C.

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

(27) Filed Jan 1 1916 (28) J. L. ...
 Registrar 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.