

(1) PLACE OF BIRTH

County of Harley
 Township of Conway
 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

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 boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH December 15, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnie Chestnut
 (9) PRESENT POSTOFFICE OF FATHER Myrtle Beach S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Wampee S.C.
 (13) OCCUPATION Labor

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maryana Hering
 (15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Socastee S.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

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. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Jan 1, 1916 (28) J. L. Dozier 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 FOR THE STATE REGISTRAR, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.