

(1) PLACE OF BIRTH

County of F. BrewerTownship of Immunsuvilleor
Inc. Town of
or

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

55895

Registration District No. 2115 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child

Saturnia Chapman

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

(1) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Twins

(5) Number in order of birth

2

Is the second or later in order of birth or triplet?

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 30, 1920

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Dennis Chapman

(9) PRESENT POSTOFFICE OF FATHER

Immunsuville R.D. 3

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Lee County S.C.

(13) OCCUPATION

Farmer

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

11

(15) NAME BEFORE MARRIAGE

Hattie Mack

(16) PRESENT POSTOFFICE OF MOTHER

Immunsuville R.D. 3

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

34

(Years)

(19) BIRTHPLACE

Lee County S.C.

(20) OCCUPATION

Domestic

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 10:20 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

R. H. Foster, M.D.

(24) State whether Physician or Midwife

Immunsuville

Given name added when a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed May 10, 1920 (27) W. C. Minner 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.

M. E. McCaw, of Columbia, S. C., in cases of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 2.