

Form No 1.

(1) PLACE OF BIRTH

County of Newberry

Township of

or

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

92690

Registration District No. 3401

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Louise Chapman

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Guss Chapman

(9) PRESENT POSTOFFICE OF FATHER Little Mountain S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE Lexington Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Georgianna Williams

(15) PRESENT POSTOFFICE OF MOTHER Little Mountain S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Newberry Co. 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 alive at 3 on the date above stated. (If alive or stillborn) (Hour A. M.)

(23) (Signature) Sig. J. Simpson

(24) State whether Physician of Midwife (25) Address of Physician Little Mountain S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb. 10 1917 (28) W. A. C. G. T.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.

N.B.—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.