

MOCAW OF COLUMBIA. COLUMBIA

(1) PLACE OF BIRTH

County of Pickens
Township of Eastatake
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.)

(2) Full Name of Child JAMES EDWARD LUTHERMAN

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 16 1922</i>
(8) FATHER <i>James M. [illegible]</i> (9) MOTHER <i>Elizabeth [illegible]</i> (10) ADDRESS <i>100 [illegible] [illegible] [illegible]</i> (11) CITY <i>[illegible]</i> (12) STATE <i>[illegible]</i> (13) ZIP <i>[illegible]</i>				

FATHER.

(8) FULL NAME Edward Chapman

(9) PRESENT POSTOFFICE OF FATHER Sunset, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Pickens County, S. C.

(13) OCCUPATION Farming.

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Maud Chapman

(15) PRESENT POSTOFFICE OF MOTHER Sunrise, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Pickens County, S. C.

(19) OCCUPATION House Wife.

(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 12.15 M.
on the date above stated. 8.1.19 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Elizabeth Galloway

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness
(Signature of Witness necessary only
when question 32 is signed by mark)

(27) Filed 5-25.....1922, (28) A. J. Winchell
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.