

No. 3

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4211

City of HorningCounty of Richland

Town of

or

of

Registration District No. 2302 Registered No. 22
(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Essie Chestnut If child is not yet named, make supplemental report as directed

BY OR ONLY	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>Feb 10 1923</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE <u>John B. Chestnut</u>		(15) PRESENT POSTOFFICE OF MOTHER	
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) COLOR OR RACE	(19) AGE AT LAST BIRTHDAY
(20) BIRTHPLACE	(21) OCCUPATION	(22) BIRTHPLACE	(23) OCCUPATION
(24) Number of children born to father, including present birth		(25) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Richland at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) John B. Chestnut
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) Local Registrar.

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

For Only

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2 M.,
or P. M.)

Midwife

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return.