

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 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 2

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of ... <u>Richland</u> ..		STATE OF SOUTH CAROLINA		5030	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. ... <u>352</u>		Registered No. ... <u>111</u>	
or				(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>Chunlin Hospital</u> .. St. Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Baby Chestnut</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 24, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Chestnut</u>			(14) NAME BEFORE MARRIAGE <u>Elle Hammond</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>absolutely killed August 1922</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Florida Co.</u>		(18) BIRTHPLACE <u>Richland Co.</u>			
(13) OCCUPATION <u>Electrician</u>		(19) OCCUPATION <u>Nurse wife</u>			
(20) Number of children born to mother, including present birth <u>five (5)</u>		(21) Number of children of this mother now living, including present birth <u>five (5)</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> .. at <u>2:30</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Thos. H. H. H.</u>		(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife					
Given name added from a supplemental report		(26) Witness			
		(Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <u>Feb. 27, 1923</u> (28) <u>A. J. Shoen</u> 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.