

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5881

County of AndersonTownship of C. R. Miller

Inc. Town of

City of

Registration District No. 3.1.1 Registered No. 26

(For use of Local Registrar)

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

(2) Full Name of Child Helma Elise Chapping If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	DATE OF BIRTH <u>Feb 12, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(9) FULL NAME D. J. Chapping(10) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(11) COLOR OR RACE W. (12) AGE AT LAST BIRTHDAY 18 (Year)(13) BIRTHPLACE S.C.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth Three

MOTHER.

(16) NAME BEFORE MARRIAGE Eva Arnold(17) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(18) COLOR OR RACE W. (19) AGE AT LAST BIRTHDAY 17 (Year)(20) BIRTHPLACE S.C.(21) OCCUPATION Housewife(22) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. J. Chapping

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Sumter, S.C.

(Given name added from a supplemental report)

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

(28) Filed April 23, 1923 (29) 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 before the fifth month of pregnancy.

MADE BY REVISED FOR BUREAU

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 2.

Bureau of Columbia, Columbia, S. C.