

WRITE PLAINLY. WITH SPARING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Anderson
 Township of Bellevue
 Inc. Town of Bellevue
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 300 Registered No. 198
 (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

(1) SEX OF CHILD Male (2) TIME OF BIRTH 10:18 (3) NUMBER OF CHILD 1 (4) AGE OF MOTHER 28 (5) DATE OF BIRTH 10/18/23
 (If child is not yet named, make supplemental report as directed)

FATHER.
 (1) NAME OF FATHER James B. Chappelas
 (2) RESIDENT ADDRESS OF FATHER Bellevue S.C.
 (3) COLOR OF FATHER White (4) AGE AT LAST BIRTH 31
 (5) BIRTHPLACE Franklin Co. Va.
 (6) OCCUPATION Supply Clerk in mill
 (7) Number of children born to mother, including present birth 3

MOTHER.
 (1) NAME OF MOTHER Lola Alma Simpson
 (2) RESIDENT ADDRESS OF MOTHER Bellevue S.C.
 (3) COLOR OF MOTHER White (4) AGE AT LAST BIRTH 28
 (5) BIRTHPLACE Anderson Co.
 (6) OCCUPATION house wife
 (7) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (1) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.
 (2) (Signature) L. B. Simpson (3) Address of Physician or Midwife Bellevue S.C.

Given under my hand and seal of office this 18th day of October 1923.
 Local Registrar.
 (If child is not yet named, the report is desired of stillbirths)

NOTE.—In case of stillbirths, the report is desired of stillbirths.