

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of WilliamstonCity of Williamston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-CRegistered No. 11

(For use of Local Registrar)

(2) Full Name of Child Grace Chapman

If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD girl (4) Type or Triplet To be answered only in case of Triplets (5) Number in order of birth 3 (6) Age 3y (7) DATE OF BIRTH Jan 20 1928

FATHER
(8) FULL NAME J. V. Chapman

(9) PRESENT POST OFFICE OF FATHER Williamston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 9

MOTHER
(14) NAME BEFORE MARRIAGE Ala Corley

(15) PRESENT POST OFFICE OF MOTHER Pelzer S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 46 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at J. P. M. on the date above stated. (Normal or stillborn) (Hour A. M. or P. M.)

(22) (Signature) A. J. Moton

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report

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

(26) Signed 2-19-28 (27) William Russell 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.

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