

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. .... St.; .... Ward)  
(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

File No.—For State Registrar Only

41169

Registration District No. 602 Registered No. 131  
(For use of Local Registrar)

## (2) Full Name of Child

Henry Cheselbor

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 24, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Cheselbor

(9) PRESENT POSTOFFICE OF FATHER

Cameron, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35-  
(Years)

(12) BIRTHPLACE

Calhoun Co

(13) OCCUPATION

Farmer

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Haynes

(15) PRESENT POSTOFFICE OF MOTHER

Cameron, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25-  
(Years)

(18) BIRTHPLACE

Calhoun Co

(19) OCCUPATION

Housewife

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Ida Haynes

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec. 30, 1922

(28)

W. S. Keller  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 5.

MADE IN COLUMBIA, COLUMBIA, S. C.