

## (1) PLACE OF BIRTH

County of Richland  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2374

Registration District No. 389 Registered No. 1000  
 (For use of Local Registrar)  
 Inc. Town of .....  
 or .....  
 City of Sumter (No. 1412 Ward Wheat)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cornell Chapman If child is not yet named, make supplemental report as directed

3. BOY OR GIRL ..... 4. Twin or Triplet? ..... 5. Number in order of birth ..... 6. Are Parents Married? Yes 7. DATE OF BIRTH 1-1-1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Cornell Chapman  
 9. PRESENT POSTOFFICE OF FATHER Sumter SC  
 10. COLOR OR RACE Caucasian 11. AGE AT LAST BIRTHDAY 35 (Year)  
 12. BIRTHPLACE Little Mountain SC  
 13. OCCUPATION Painter

## MOTHER.

14. NAME BEFORE MARRIAGE Cirra Dunlap  
 15. PRESENT POSTOFFICE OF MOTHER Sumter SC  
 16. COLOR OR RACE Caucasian 17. AGE AT LAST BIRTHDAY 22 (Year)  
 18. BIRTHPLACE Columbia SC  
 19. OCCUPATION seamstress

20. Number of children born to mother, including present birth 1 21. Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
 on the date above stated. (Born alive yes) (Hour A. M. 2.30 P. M. ---)

(23) (Signature) Lucinda Reynolds  
 (24) State whether Physician Midwife (25) Address of 1326 Bladen St. Midwife

Give name added from a supplemental report

(26) Witness W. H. Pugh  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed: 1-6 (28) 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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