Form No. 1

(1) PLACE OF BIRTH

County of Bft.

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
3190

Registration District No. 6.A.C. Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Lemon Henry Chisman

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Feby 17		1922

FATHER

(8) FULL NAME Jas Chisman

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Parris Island

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Lydia Pinckney

(15) PRESENT POSTOFFICE OF MOTHER Beaufort

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Hilton Head

(19) OCCUPATION Home Maker

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 6.35 A. M. (Hour A. M. or P. M.)

(23) (Signature) Claudia B Mason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

..... 19 .....
Registrar.

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

(27) Filed Feb 23 1922

(28) H A Kelly
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.