

(1) PLACE OF BIRTH
County of Chester
Township of Haverhill
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
10495

Registration District No. 1104 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Rose Chalk
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth 9 (6) Are Parents Married? ✓ (7) DATE OF BIRTH April 27 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Tom Chalk
(9) PRESENT POSTOFFICE OF FATHER Chester S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE Chester Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 9

MOTHER
(14) NAME BEFORE MARRIAGE Belle Price
(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
(Years)
(18) BIRTHPLACE Chester Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (How A, M. or P. M.)

(23) (Signature) Alick Franklin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed May 4 1922

(28) Dr. J. M. Donald 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.

before the fifth month of pregnancy