

(1) PLACE OF BIRTH

County of AndersonTownship of 1

or

Inc. Town of 1

or

City of 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34

File No.—For State Registrar Only

28701

Registered No. 344

(For use of Local Registrar)

(2) Full Name of Child

Katie Chancellor

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

(3) Sex Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 16, 1922
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Gilbertson Chancellor (14) NAME BEFORE MARRIAGE Nannie Gress(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. (15) PRESENT POSTOFFICE OF MOTHER RFD 3-(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years) (Years)(12) BIRTHPLACE Anderson (18) BIRTHPLACE Anderson(13) OCCUPATION Farmer (19) OCCUPATION and housewife(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matthias Hunter(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 211 W. 1st St.

Given name added from a supplemental report

(26) Witness F. B. CRAYTON,
(Signature of Witness necessary only when question 23 is signed by Registrar)(27) Filed 19 (28) ANDERSON, S. C.
Registrar 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.