

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Clinton  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

15610

Registration District No. 22902 Registered No. 54  
 (For use of Local Registrar)

(2) Full Name of Child Ballie Chappell

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Chappell  
 (9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (12) BIRTHPLACE Laurens Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Nora Lee Harris  
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (18) BIRTHPLACE Laurens Co.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 1 P.M....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Black(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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

(27) Filed June 1, 1922 (28) J. L. M. Bailey  
 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.  
 N. B.—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.

Registrar Only

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Registrar

Ward

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22  
(Year)

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28  
(Year)30  
P.M.  
or P.M.

Midwife

S.C.

D  
Registrar  
return