

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

<b>(1) PLACE OF BIRTH</b> County of <u>Richland</u> Township of <u>Richland</u> or Inc. Town of ..... or City of <u>Columbia, S.C.</u> (No. <u>1429</u> <u>Gadsden</u> St.; ..... <u>2</u> Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>16461</b> </div>	
		Registration District No. <u>384</u>		Registered No. <u>1375</u> (For use of Local Registrar)	
<b>(2) Full Name of Child</b> <u>Henry Hilton Chapell</u>					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>one</u>		(5) Number in order of birth <u>one</u>	
		To be answered only in event of Twins or Triplets		(6) Are Parents Married? <u>yes</u>	
				(7) DATE OF BIRTH <u>May 17, 1922</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Henry F. Chapell</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Cunningham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>White Rock, S.C.</u>			(18) BIRTHPLACE <u>Fairfield, S.C.</u>		
(13) OCCUPATION <u>Cement Finisher</u>			(19) OCCUPATION <u>Homemaker</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> <u>11</u> at <u>30</u> M. on the date above stated. (Born alive or stillborn) (Hour—M. or P.M.)					
(23) (Signature) <u>Wattie Pearson</u> Midwife					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>W. Cunningham Way</u>					
Given name added from a supplemental report ..... ..... .....			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>5/29/1922</u> (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.					

MCGAW OF COLUMBIA, COLUMBIA, S. C.