

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland
Township of.....
or
Inc. Town of.....
or
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3802

22 049394

FILE No.—For State Registrar Only
04945

Registered No.....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; Ward

2. FULL NAME OF CHILD Ola Margorie Chapman

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

3. Boy or Girl Girl If Plural births 4 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents yes 8. Date of birth March 14th 1942
5. Number, in order of birth..... Full term yes Married yes (Month, day, year)

9. Full name FATHER
Olin Rhett Chapman

18. Name before marriage MOTHER
Susanish Margaret Derrick

10. Residence (mailing address)
(If non-resident, give place and State) Irmo S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Irmo S.C.

11. Color or race white 12. Age at child's birth 31 (years)

20. Color or race white 21. Age at child's birth 23 (years)

13. Birthplace (city or place)
(State or country) Chapin
Lexington S.C.

22. Birthplace (city or place)
(State or country) Wallaceville
Fairfield S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeping

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. "

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work lifetime

26. Total time (years) spent in this work lifetime

27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none)

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

(Signed) Mrs. O. R. Chapman, Parent

or....., Guardian

Address Irmo, S.C.

Filed Dec. 29, 1942 M. B. Woodward, M.D.
Registrar.