

12-23-42

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.)

22 049394

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 3802

FILE No.—For State Registrar Only

04945

Registered No.
(For use of Local Registrar)

1. PLACE OF BIRTH

County of Richland

Township of

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) (No. St.; Ward)

2. FULL NAME OF CHILD Ola Margerie Chapman

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

3. Boy or Girl	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents Married?	8. Date of birth
			Full term <u>yes</u>	<u>yes</u>	<u>March 11th 1942</u> (Month, day, year)
9. Full name		10. Residence (mailing address) (If non-resident, give place and State)		18. Name before marriage	
<u>FATHER</u> <u>Olin Rhett Chapman</u>		<u>Irmo S.C.</u>		<u>MOTHER</u> <u>Susanish Margaret Derrick</u>	
11. Color or race		12. Age at child's birth		19. Residence (mailing address) (If non-resident, give place and State)	
<u>White</u>		<u>31</u> (years)		<u>Irmo S.C.</u>	
13. Birthplace (city or place) (State or country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		20. Color or race	
<u>Chapin Lexington S.C.</u>		<u>Farming</u>		<u>White</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work		21. Age at child's birth	
		17. Total time (years) spent in this work <u>lifetime</u>		<u>23</u> (years)	
18. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.		19. Total time (years) spent in this work		22. Birthplace (city or place) (State or country)	
<u>Housekeeping</u>		<u>lifetime</u>		<u>Wallaceville Fairfield S.C.</u>	
23. Date (month and year) last engaged in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work	
				26. Total time (years) spent in this work <u>lifetime</u>	

OCCUPATION

OCCUPATION

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 atm. 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.

Registrar.