

VALUE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

NOTE—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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>H. Hampton</i>		STATE OF SOUTH CAROLINA.		77477	
Township of <i>Perth</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <i>Danville, R.A.</i>		Registration District No. <i>2402</i>		Registered No. <i>193</i>	
or				(For use of Local Registrar)	
City of <i>(No.)</i>		St. <i>(No.)</i>		Ward <i>(No.)</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>DW Chassereau</i> { If child is not yet named, make supplemental report as directed.					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 28 1916</i>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <i>E. H. Chassereau</i>			(14) NAME BEFORE MARRIAGE <i>Bertha I. Runk</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Danville S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Danville S.C.</i>		
(10) COLOR OR RACE <i>white</i>		(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>white</i>		(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>Danville S.C.</i>			(18) BIRTHPLACE <i>Hampton S.C.</i>		
(13) OCCUPATION <i>Laborer</i>			(19) OCCUPATION <i>wife</i>		
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>730</i> P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <i>J. H. Falk</i>					
(24) State whether Physician or Midwife <i>Physician</i>					
(25) Address of Physician or Midwife <i>Danville S.C.</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
, 191...			(27) Filed <i>Sept 29 1916</i>		
Registrar			(28) <i>J. W. Rogers</i> 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.