

FORM NO. 1

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of Greenville S.C.

(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

64437

Registration District No. 22 A Registered No. 235

(For use of Local Registrar)

(2) Full Name of Child, Hayne Kelly Chatham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1204 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1916 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Thomas R. Chatham (14) NAME BEFORE MARRIAGE Ruth Kelly

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Helena S.C. (18) BIRTHPLACE Tennessee S.C.

(13) OCCUPATION Engineer (19) OCCUPATION House keeper

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Time 5-30 A.M. or P.M.)

(23) (Signature) Chas. Bates

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

.....

..... Registrar

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

(27) Filed June 17, 1916 (28) C. Smith 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.

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STATE HEALTH OFFICER  
BEN F. WYMAN, M.D.



GREENVILLE  
CONWAY  
CONWAY  
VIVIAN F. PLATT, P.H.G.  
RUTH CHAMBERLIN, R.N.  
T. C. CALLISON, ATTY. GEN.  
E. C. RHODES, COM. GEN.

W. L. PRESSLY, M.D.  
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