

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeTownship of Wagner

Inc. Town of.....

City of.....

(No. .... St.; ..... Ward)  
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

31543

Registration District No..... Registered No. 90  
(For use of Local Registrar)(2) Full Name of Child Walter Chapman

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

(3) ~~Sex~~ Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Abner Phillip Chapman(9) PRESENT POSTOFFICE OF FATHER Walthalla, R.F. #2(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42  
(Year)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Walmart(20) Number of children born to mother, including present birth 1 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Rollins(15) PRESENT POSTOFFICE OF MOTHER Walthalla S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37  
(Year)(18) BIRTHPLACE Pickens Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:45 P.M.  
on the date above stated. (Born alive or stillborn) (Hour ~~am~~ or P.M.)(23) (Signature) B. J. Sevan

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

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 11 1922 (28) M. G. U. S. L.  
Registrar 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINES. WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PLAINES. No. 1 THIS OTHER, No. 2, etc., in question 8.

M. M.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE PLAINES. No. 1 THIS OTHER, No. 2, etc., in question 8.