

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 Chester  
 Township of Waldwice  
 or  
 Inc. Town of ..... Registration District No. 1104  
 or  
 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  
76257

(2) Full Name of Child Henry Wallace Chisolm } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Floyd Chisolm

(9) PRESENT POSTOFFICE OF FATHER Chester S. C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Chester Co.

(13) OCCUPATION R. R. Laborer

(20) Number of children born to mother, including present birth { 1st.

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Cornwell

(15) PRESENT POSTOFFICE OF MOTHER Chester S. C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Chester Co. S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. R. Wray

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Chester

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 Sept 19 1916 (28) W. T. McDaniel 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.