

(1) PLACE OF BIRTH
County of Pickens
Township of Central
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
65910

Registration District No. 3700 Registered No. 87
(For use of Local Registrar)
(No.) SL; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child S. Jacob Chapman 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 28 1906
(Name of Month) (Day) (Year)

(8) FULL NAME Safe Chapman (14) NAME BEFORE MARRIAGE Ida Pilgram

(9) PRESENT POSTOFFICE OF FATHER Central #3 SC (15) PRESENT POSTOFFICE OF MOTHER Central #3 SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years) (Years)

(12) BIRTHPLACE Farming SC (18) BIRTHPLACE Georgia

(13) OCCUPATION Farming (19) OCCUPATION House keeping

(20) Number of children born to mother, including present birth 2 (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 born at Central #3 SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. A. H. H. H.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Central #3 SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/18 1906 (28) J. S. Borden 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.
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.