

(1) PLACE OF BIRTH *Hairwood* **CERTIFICATE OF BIRTH**
 County of *St. James* **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health
 Township of *St. James*
 Inc. Town of *St. James*
 or
 City of *St. James*
 Registration District No. *7* Registered No. *1108*
 (For use of Local Registrar)

(2) Full Name of Child *Earl Chishlan*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 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	(6) Age Parents Married <i>735</i>	(7) DATE OF BIRTH <i>June 1, 1923</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Earl Chishlan</i>		(14) NAME BEFORE MARRIAGE <i>Ernie Barber</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Carnwell SC</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Carnwell SC</i>		
(10) COLOR OR RACE <i>Color</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Year)	(16) COLOR OR RACE <i>Color</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> (Year)	
(12) BIRTHPLACE <i>Hairwood SC</i>		(18) BIRTHPLACE <i>Hairwood</i>		
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Farmer</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was *Born alive* at *St. James* M.
 on the date above stated. (Born alive or stillborn. Hour, M. or P. M.)

(23) (Signature) <i>Midwife</i>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife <i>Chertier SC 001</i>
Given name added from a supplemental report		
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) <i>W. J. C. 1923</i>		
(27) Filed <i>July 10th 1923</i> (28) <i>W. J. C. 1923</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.

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