

(1) PLACE OF BIRTH

County of Pike
Township of Millbrook
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vanes Chavous If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 12 1922</u> (Name) (Month) (Day) (Year)
------------------------------	--	---	---------------------------------------	--

FATHER.

8) FULL NAME Jester Chavous

9) PRESENT POSTOFFICE OF FATHER Pike SC

10) COLOR OR RACE Negro

11) AGE AT LAST BIRTHDAY 24
(Years)

12) BIRTHPLACE Pike Co S.C.

13) OCCUPATION Laborer

14) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Gladie Harrison

15) PRESENT POSTOFFICE OF MOTHER Pike SC

16) COLOR OR RACE Negro

17) AGE AT LAST BIRTHDAY 21
(Years)

18) BIRTHPLACE Pike Co S.C.

19) OCCUPATION Housewife

20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... nt. ... P.M., on the date above stated. (Relative or Suburban) (Hour A. M. or P. M.)

(23) Signature Carrie Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(27) Filed Oct 4 1922 (28) F. H. Hook 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 third month of pregnancy.