

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for this Report	
County of <u>Rich</u>		STATE OF SOUTH CAROLINA		34703	
Township of		Bureau of Vital Statistics		State Board of Health	
Inc. Town of		Registration District No. <u>600</u>		Registered No.	
City of <u>Paris Island</u>		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
(2) Full Name of Child <u>John Jay Chaney</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 30, 1923</u>	(8) (Day) (Year)
FATHER			MOTHER		
(9) FULL NAME <u>John Jay Chaney</u>	(10) NAME BEFORE MARRIAGE <u>Ruby Bullock</u>				
(11) PRESENT RESIDENCE OF FATHER <u>Paris Island S.C.</u>	(12) PRESENT RESIDENCE OF MOTHER <u>Paris Island S.C.</u>				
(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>22</u>	(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>20</u>		
(17) BIRTHPLACE <u>Texas</u>	(18) BIRTHPLACE <u>Texas</u>				
(19) OCCUPATION <u>Soldier</u>	(20) OCCUPATION <u>Housewife</u>				
(21) Number of children born to mother, including present birth <u>Two (2)</u>			(22) Number of children of this mother now living, including present birth <u>Two (2)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>John Jay Chaney</u> at <u>1140 A.M.</u> on the date above stated. (Born alive at full term) (How A. M. or P. M.)					
(24) (Signature) <u>H. (Mc) H. H.</u>		(25) Address of Physician or Midwife <u>Paris Island S.C.</u>			
(26) State witness <u>Charles H. H.</u>		(27) Address of Registrar or Midwife <u>Paris Island S.C.</u>			
Given name added from a supplemental report		(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)			
..... 19		(29) Filed <u>Sept 26, 1923</u> (30) <u>W. H. H.</u>			
Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.