

(1) PLACE OF BIRTH

County of OconeeTownship of Beameror
Inc. Town ofor
City of

(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

43896

Registration District No. 3502 Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child. Richard Harrel 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 20 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Field's Chapman(9) PRESENT POSTOFFICE OF FATHER Silem S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Oconee county(13) OCCUPATION farmer.(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Estell Braun.(15) PRESENT POSTOFFICE OF MOTHER Silem S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Pickens county(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Larch Crow(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Joassee S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 1 1913 (28) S.W. Smith 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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