

MARGIN REMAINING FOR REMARKS.  
WRITE PLAINLY, WITH UNFADING 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 1.

(1) PLACE OF BIRTH

County of Pickens  
Township of Central  
or  
Inc. Town of Central  
or  
City of .....

CERTIFICATE OF BIRTH

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

No. 44740

Registration District No. 12

Registered No. 124  
(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 Loraine Mildred Chapman

If child is not yet named, make supplemental report as directed

(3) SEX OR Girl (4) Type or — (5) Number in 1 (6) Age 24 (7) DATE OF BIRTH Dec. 15, 1924  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Lee Chapman  
(9) PRESENT POSTOFFICE OF FATHER Central  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22  
(12) BIRTHPLACE Pickens Co  
(13) OCCUPATION Mill Hand  
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ola Cornelia Kelly  
(16) PRESENT POSTOFFICE OF MOTHER Central  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 17  
(19) BIRTHPLACE Eastley, S.C.  
(20) OCCUPATION Housewife  
(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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Loraine B. Chapman, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Central

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Dec. 24 (28) J. D. Beardsley 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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