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3/7/46

no corr. No. 3

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MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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 5.

1. PLACE OF BIRTH

County of RICHLAND

Township of

or

Inc. Town of

or COLUMBIA S.C. Edgewood (No. St.; Ward)

2. FULL NAME OF CHILD

3. Boy Boy

4. Twin or

5. Number in order

6. Are Parents

7. Date of

8. Full name

9. Address at

10. Color or

11. Age at child's

12. Birthplace

13. Occupation

14. Name before

15. Address at

16. Color or

17. Age at child's

18. Birthplace

19. Occupation

20. Number of children born to

21. Number of children of this mother

22. I hereby certify that I attended the birth of this child, who was

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

27. Filed

28. Thos. P. Lesesne

Local Registrar.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34-b

FILE No.—For State Registrar Only

00508

Registered No.
(For use of Local Registrar)

St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Andrew Chavis, Jr.

{ If child is not yet named, make
supplemental report as directed.3. Boy Boy

4. Twin or

5. Number in order

6. Are Parents

7. Date of

Birth March 18 19 22
(Name of Month) (Day) (Year)

8. Full name

9. Address at

10. Color or

11. Age at child's

12. Birthplace

13. Occupation

14. Name before

15. Address at

16. Color or

17. Age at child's

18. Birthplace

19. Occupation

20. Number of children born to

21. Number of children of this mother

22. I hereby certify that I attended the birth of this child, who was

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

27. Filed

28. Thos. P. Lesesne

Local Registrar.

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FATHER

8. Full name ANDREW CHAVIS9. Address at child's birth Edgewood P. O.10. Color or race NEGRO11. Age at child's birth 32 (Years)12. Birthplace RICHLAND COUNTY13. Occupation COMMON LABOR14. Name before marriage LILLIE RENTICK'S15. Address at child's birth Edgewood P. O.16. Color or race NEGRO17. Age at child's birth 32 (Years)18. Birthplace NEW BERRY COUNTY19. Occupation HOUSE KEEPER20. Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was BORN ALIVE at 4 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Jessie Jackson24. State whether Physician or Midwife MID WIFE25. Address of Physician or Midwife 1414 S. 1st St.

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

27. Filed April 22, 19 4628. Thos. P. Lesesne
Local Registrar.

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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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