

(1) PLACE OF BIRTH

County of Greenville

Township of Bates

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18763

Registration District No. 2201

Registered No. 33
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number. St.: Ward:

2 Full Name of Child Jamies C. Chepton If child is not yet named, make supplemental report as directed

3 SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (5) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1922
(Name of Month) (Day) (Year)

4 FATHER W. C. Chepton
5 FULL NAME W. C. Chepton
6 PRESENT POSTOFFICE OF FATHER Winnetka SC
7 COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22 (Years)
8 BIRTHPLACE N. C.
9 OCCUPATION Mechanic
10 Number of children born to mother including present birth 1

10 MOTHER Eve Chepton
(14) NAME BEFORE MARRIAGE Eve Chepton
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE N. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

12 I hereby certify that I attended the birth of this child, who was White at 4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Chepton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 4 P. M.

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 27 1922 (28) Dr. Sturce 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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