

5/29/45

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N.P.

Form No. 3

22 049260

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  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Orangeburg  
 Township of Conroy  
 or  
 Inc. Town of Springfield  
 or  
 City of S. C. Home (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 3607 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

FILE No.—For State Registrar Only  
00711

2. FULL NAME OF CHILD Ruby Chavis (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Feb. 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8. FULL NAME <u>Victor Chavis</u>	14. NAME BEFORE MARRIAGE <u>Navy Lou Williams</u>	9. PRESENT POSTOFFICE OF FATHER <u>Springfield</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Springfield</u>
10. COLOR OR RACE <u>white</u>	11. AGE AT LAST BIRTHDAY <u>26</u> (Years)	16. COLOR OR RACE <u>white</u>	17. AGE AT LAST BIRTHDAY <u>25</u> (Years)
12. BIRTHPLACE <u>Springfield, S. C.</u>	18. BIRTHPLACE <u>Springfield, S. C.</u>	13. OCCUPATION <u>Blacksmith, Shop</u>	19. OCCUPATION <u>Housewife</u>
20. Number of children born to mother, including present birth } <u>4</u>	21. Number of children of this mother } now living, including present birth } <u>4</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

23. Signature Mrs. Julia C. Chavis  
 24. State whether Physician or Midwife midwife 25. Address of Physician or Midwife Springfield

Given name added from a supplemental report

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

27. Filed May 30 19 45 28. Thomas P. Lesesne  
 Registrar Local Registrar aih

\*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.