

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

County of Orangeburg
Township of Springfield
or
Inc. Town of S. C. Home
or
City of S. C. Home

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

00711

Registration District No. 3607

Registered No.

(For use of Local Registrar)

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)

2. FULL NAME OF CHILD Ruby Chavis

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

3. BOY OR GIRL girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married yes

7. DATE OF BIRTH

Feb. 31922

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Victor Chavis

9. PRESENT POSTOFFICE OF FATHER

Springfield

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

26
(Years)

12. BIRTHPLACE

Springfield, S. C.

13. OCCUPATION

Blacksmith, Shop.

20. Number of children born to mother, including present birth

4

MOTHER

14. NAME BEFORE MARRIAGE

Navy Lou Williams

15. PRESENT POSTOFFICE OF MOTHER

Springfield

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

25
(Years)

18. BIRTHPLACE

Springfield, S.C.

19. OCCUPATION

Housewife.

21. Number of children of this mother } now living, including present birth

4

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. Chavis24. State whether Physician or Midwife midwife25. Address of Physician or Midwife Springfield

Given name added from a supplemental report

, 193.

Registrar

26. Witness

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

27. Filed

May 3019 4528. Thomas P. LesesneLocal Registrar aih

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.