

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....City of *Spartanburg* .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5106

Registration District No. *H.D.*Registered No. *74*

(For use of Local Registrar)

(No. *116 Brown Ave.*)

St. .... Ward)

## (2) Full Name of Child

*Ray Cecil Chapman*

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

(3) BOY OR GIRL

*Boy*

(4) Twin or Triplet

*No*

(5) Number in order of birth

*1*

(6) Age Parents Married

*2*

(7) DATE OF BIRTH

*2/16**1923*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*L.O. Chapman*

(9) PRESENT POSTOFFICE OF FATHER

*Spartanburg S.C.*

(10) COLOR OR RACE

*W.*

(11) AGE AT LAST BIRTHDAY

*33*

(Year)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Baker*

(14) Number of children born to mother, including present birth

*4*

## MOTHER

(15) NAME BEFORE MARRIAGE

*Pauline Cobb*

(16) PRESENT POSTOFFICE OF MOTHER

*Spartanburg S.C.*

(17) COLOR OR RACE

*W.*

(18) AGE AT LAST BIRTHDAY

*29*

(Year)

(19) BIRTHPLACE

*S.C.*

(20) OCCUPATION

*House wife*

(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 ..... at *11:45* A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*175 E Main St.*

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) Filed

*2-1-22*

(29) Local Registrar

*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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