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MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH
 County of Crawford
 Township of Liberty
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
02285

Registration District No. 3610 Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Effie Mae Chavis

3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>May 27</u> , 19 <u>42</u> (Month, day, year)
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9. Full name <u>William Chavis</u>	FATHER	18. Name before marriage <u>Cona Davis</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Nurses St.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Nurses St.</u>
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11. Color or race <u>Black</u>	12. Age at child's birth <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at child's birth <u>25</u> (years)
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13. Birthplace (city or place) (State or country) <u>Nurses St.</u>	22. Birthplace (city or place) (State or country) <u>Nurses St.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House wife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
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16. Date (month and year) last engaged in this work <u>Jan 1</u> , 19 <u>42</u>	17. Total time (years) spent in this work <u>12 mo</u>	25. Date (month and year) last engaged in this work <u>Jan 1</u> , 19 <u>42</u>	26. Total time (years) spent in this work <u>12 mo</u>
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27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ (months/weeks)	29. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 10 a.m. on the date above stated.
 (Born alive or stillborn)

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

(Signed) Cona X Chavis, Parent

Given name added from _____
 a supplementary report _____ (Date of) _____

or _____, Guardian
 Address _____

 Registrar.

Filed Jan. 29, 1942 M. B. Woodward, M. D.
 Registrar.