

20 30 1941

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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 <u>Orangeburg</u> Township of <u>Liberty</u> or Inc. Town of _____ or City of _____ (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 Registration District No. <u>3610</u> Registered No. _____ (For use of Local Registrar)		FILE No.—For State Registrar Only 02285	
2. FULL NAME OF CHILD <u>Effie Mae Chavis</u> { If child is not yet named, make supplemental report as directed.					
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>22</u> (Month, day, year)	
9. Full name FATHER <u>William Chavis</u>			18. Name before marriage MOTHER <u>Cona Davis</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Norris SC</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Norris SC</u>		
11. Color or race <u>Black</u>		12. Age at child's birth <u>37</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or country) <u>Norris SC</u>		21. Age at child's birth <u>25</u> (years)		22. Birthplace (city or place) (State or country) <u>Norris SC</u>	
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>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		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>	
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>		27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____)	
28. If stillborn, period of gestation _____ (months) _____ (weeks)		29. Cause of stillbirth _____		Before labor _____ During labor _____	

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)

(Signed) Cona X Chavis, Parent
or _____, Guardian

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

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