

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

File No.—For State Registrar Only  
**28734**

(1) PLACE OF BIRTH

County of Anderson  
Township of Beltov  
or  
Inc. Town of .....  
or  
City of Homee Path  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 300 Registered No. 145  
(For use of Local Registrar)  
(No. R786) St. .... Ward .....

(2) Full Name of Child

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 2<sup>nd</sup> 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 7 1922  
(Name) (Month) (Day) (Year)

**FATHER.**

8) FULL NAME John Palmage Chestnut  
9) PRESENT POSTOFFICE OF FATHER Homee Path S.C. R786  
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 22 (Years)  
12) BIRTHPLACE Greenville Co S.C.  
13) OCCUPATION Farming  
20) Number of children born to mother, including present birth Two

**MOTHER.**

14) NAME BEFORE MARRIAGE Elva Weeks  
15) PRESENT POSTOFFICE OF MOTHER Homee Path S.C. R786  
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 25 (Years)  
18) BIRTHPLACE Anderson Co S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth Two

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:25 P.M. on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) C. G. Ladd M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beltov S.C.

Given name added from a supplemental report

(26) Witness R. P. H. (Signature of Witness necessary only when question 25 is signed by mark)