

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Chickadee  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 10-For State Register

40583

Registration District No. 2204Registered No. ....  
(For use of Local Registrar)

City of ..... (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

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

(1) SEX MALE (2) Type ✓ or Triple (3) Number in order of birth 1 (4) Are twins Yes (5) DATE OF BIRTH Feb 7 1932  
 To be answered only in case of Twin or Triple

FATHER: (6) FULL NAME John Chaise (7) PRESENT POSTOFFICE OF FATHER Greer Rt# 3 (8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 33 (10) BIRTHPLACE SC (11) OCCUPATION Orchard Man (12) Number of children born to mother, including present birth Two

MOTHER: (13) NAME BEFORE MARRIAGE Janie Zimmerman (14) PRESENT POSTOFFICE OF MOTHER Greer Rt# 3 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 26 (17) BIRTHPLACE SC (18) OCCUPATION Domestic (19) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (21) (Signature) W. E. Schumacher (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Greer SC

(Given name added from a supplemental report)

(24) Witness ..... (Signature of Witness necessary only when question 23 is signed by male)

(25) Filed Jan 17 1934 (26) H. J. Vance Local Registrar

When there was no attending physician or midwife, then the father, household, 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.