

16 093439

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

0128

1. PLACE OF BIRTH
County of Colleton

Township of

or
Inc. Town of Islandton, S. C.or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. St.; Ward)

Registration District No. 1403 Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Jane Cameron Chaplin { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births 5 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents yes 8. Date of birth Feb. 21 19 16
5. Number, in order of birth..... Full term. yes Married? yes (Month, day, year)9. Full name FATHER
Arthur DeLancy Chaplin18. Name before marriage MOTHER
Maybell Ethel Chaplin10. Residence (mailing address)
(If non-resident, give place and State) Islandton, S. C.19. Residence (mailing address)
(If non-resident, give place and State) Islandton, S. C.11. Color or race White 20. Age at child's birth 33 (years)21. Color or race White 21. Age at child's birth 31 (years)13. Birthplace (city or place)
(State or country) Gillisonville, S. C.
Hampton Co.22. Birthplace (city or place)
(State or country) Meggett, S. C.OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FarmerOCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

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.

16. Date (month and year) last engaged in this work 19.....

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19.....

26. Total time (years) spent in this work.....

27. Number of children of this mother 2 (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (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 b. alive at 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) Maybell Ethel Chaplin parent
or....., GuardianGiven name added from
a supplementary report..... (Date of)Address.....
Filed Sept. 12, 1916 F. R. Tate Registrar.

Registrar.

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)

9/6/39