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FILE No.—For State Registrar Only

0128

1. PLACE OF BIRTH  
County of Colleton

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of .....

or  
Inc. Town of Islandton, S. C.Registration District No. 1403Registered 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 Jane Cameron Chaplin {If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births ..... 4. Twin, triplet or other ..... 6. Premature ..... 7. Are Parents ..... 8. Date of birth Feb. 21 19 16  
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 22. 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.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife15. 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, ..... months ..... weeks ..... 29. Cause of stillbirth.....  
period of gestation..... (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....., Guardian

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

Address .....

Filed Sept. 12, 1916 Rate Chaplin

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