

(1) PLACE OF BIRTH
County of Charleston
Township of

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

File No.—For State Registrar Only

25082

1138

or
The Town of Charleston Registration District No. 9 A Registered No. 1138
or Washington St (For use of Local Registrar)
City of Charleston (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

Full Name of Child Lucis Berns Chapman If child is not yet named, make supplemental report as directed

(3) Sex of Child Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 5 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Chapman

(9) PRESENT RESIDENCE OF FATHER Charleston S.C.

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Farmer

(14) Number of children born to father, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Holmes

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Wannette

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 A. M., on the date above stated. (Born alive or stillborn; (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 158 Spring St.

Given name added from a supplemental report

..... 101.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]

(27) Filed 8/14 1912 (28) [Signature] Local Registrar

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

HEALTH OFFICER