

(1) PLACE OF BIRTH

County of Chapin, S.C.
 Township of Clinton
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3774

Registration District No. 1313Registered No. 10
(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 No name

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Brown

(9) PRESENT POSTOFFICE OF FATHER

Waver Station

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 45
(Year)

(12) BIRTHPLACE

Chapin, S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Eight

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Plante

(15) PRESENT POSTOFFICE OF MOTHER

Waver Station

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 35
(Year)

(18) BIRTHPLACE

Chapin, S.C.

(19) OCCUPATION

Housewife

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... delivered ... at 8:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeWaver Station

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 15 1922

(28)

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.