

## (1) PLACE OF BIRTH

County of

Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24560

Township of

Piedmont

or

Inc. Town of

Piedmont

Registration District No. 22

Registered No. 46

(For use of Local Registrar)

or

City of

(No. M.: Ward)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Chas. M. Chappellier

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

(3) BOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in

order of birth

to be entered only in case of twins or triplets

(6) Are

Parents

Married?

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL

NAME

Charles M. Chappellier

(14) NAME BEFORE

MARRIAGE

Julia Brown

(9) PRESENT

POSTOFFICE

OF FATHER

Piedmont, S.C.

(15) PRESENT

POSTOFFICE

OF MOTHER

Piedmont, S.C.

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

24

(Years)

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

22

(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Book Binder

(19) OCCUPATION

Domestic

(20) Number of children born to

mother, including present birth

2

(21) Number of children of this mother

now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 4:20 P.M. on the date above stated.

(23) (Signature)

A. Campbell

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

Physician

Piedmont, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed Aug 14 1924

(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.