

(1) PLACE OF BIRTH

County of Beaufort

Township of 6.6

or  
In Town of Burston

or  
City of .....

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

CERTIFICATE OF BIRTH

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

Registration District No. 400 Registered No. 68  
(For use of Local Registrar)

File No. 2943  
For State Registrar Only

(2) Full Name of Child Arminetha Chisolm If child is not yet named, make supplemental report as directed

(3) SEX GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 6<sup>th</sup> 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Ashlon Chisolm</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Burston S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(12) BIRTHPLACE <u>Burston S.C.</u>
(13) OCCUPATION <u>Farming</u>	
(14) Number of children born to father, including present birth <u>1</u>	(15) Number of children of this mother now living, including present birth <u>3</u>

MOTHER.

(16) NAME BEFORE MARRIAGE <u>Ernie Chisolm</u>	(19) COLOR OR RACE <u>Negro</u>
(17) PRESENT POSTOFFICE OF MOTHER <u>Burston</u>	(20) BIRTHPLACE <u>Burston S.C.</u>
(18) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(21) OCCUPATION <u>House Laborer</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <u>Mary Black</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Burston S.C.</u>
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Given name added from a supplement-  
tal report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <u>Feb. 8<sup>th</sup> 1923</u>	(28) <u>M. H. Bryant</u> Local Registrar
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\*When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

MAKING REPLYING FOR BIRTHS  
WRITE PLAINLY, WITH NEATNESS AND IN INK  
IN CASE OF TWIN OR TRIPLET, USE A SEPARATE CARD FOR EACH CHILD, AND MARK IT  
FIRST-BORN, No. 1, TWIN SECOND, No. 2, etc., IN QUESTION 5  
SEE INSTRUCTIONS ON REVERSE OF CARD