

(1) PLACE OF BIRTH

County of H. LawrenceTownship of Cornor
Inc. Town ofCity of Pamplico

(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

File No.—For State Registrar Only

25953

Registration District No. 200 Registered No. 56
(For use of Local Registrar)(2) Full Name of Child Arrian Chula If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 19 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Chula(9) PRESENT POSTOFFICE OF FATHER Pamplico(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE at home(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Harretta Kymon(15) PRESENT POSTOFFICE OF MOTHER Pamplico(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE at home(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Evelina Mack Midwife(24) State whether Physician or Midwife Midwife (25) Address of Phys. Pamplico S.C.

(26) Given name added from a supplemental report

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

(27) Filed Aug 1 1922 (28) W. T. Poston 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.