

(1) PLACE OF BIRTH  
 County of *Charleston*  
 Township of *Charleston*  
 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  
**31829**

Registration District No. *3-20* Registered No. ....  
 (For use of Local Registrar)

(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 *Wash M. Chappell*  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twins or Triplets? <i>No</i>	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 18, 1922</i> (Year / Month / Day) (Year)
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(8) FULL NAME <i>Wash Chappell</i>		MOTHER <i>Grace L. Burkhardt</i>		
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(9) PRESENT POSTOFFICE OF FATHER <i>Rock Central #4</i>		Central #4		
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(10) COLOR OR RACE <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Year)	(17) AGE AT LAST BIRTHDAY <i>26</i> (Year)		
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(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		
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(13) OCCUPATION <i>Former</i>		(19) OCCUPATION <i>Domestic</i>		
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(20) Number of children born to mother, including present birth		(21) Number of children of this mother, now living, including present birth <i>5</i>		
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Mrs. G. M. Burkhardt*  
 (24) State whether Physician or Midwife  Physician  Midwife   
 (25) Address of Physician or Midwife *Central City*

Given name added from a supplemental report

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

(27) Filed *Sept 29, 1922* (28) Local Registrar *J. H. Garrett*

\*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.