

Use in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
 County of Laurens  
 Township of Jacks  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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. 2903 Registered No. 42  
 (For use of Local Registrar)

**(2) Full Name of Child** Frances Murrell Chamy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? 0 (5) Number in order of birth 9<sup>th</sup> (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Ernest Donald Chamy  
 (9) PRESENT POSTOFFICE OF FATHER Clinton, SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (12) BIRTHPLACE Laurens County, SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 Twins

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Fizzie Elta Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (18) BIRTHPLACE Laurens County, SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1 Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. W. Davis  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 26 22 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.

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