

(1) PLACE OF BIRTH

County of Adams
 Township of Wilson
 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

2921

Registration District No. 460-15 Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child Estill Chisolm

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stephen Chisolm
 (9) PRESENT POSTOFFICE OF FATHER Estill S.C.R.2
 (10) COLOR OR RACE Carbarel (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE S.C.

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Minny Curry
 (15) PRESENT POSTOFFICE OF MOTHER Estill S.C.R.2
 (16) COLOR OR RACE Carbarel (17) AGE AT LAST BIRTHDAY Feb 24
 (Years)
 (18) BIRTHPLACE S.C.

(19) OCCUPATION

farmer

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Minny Curry
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Estill 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 Feb 28, 1922 (28) J. R. Ross
 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.