

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

or

Inc. Town of

or

City of

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

(2) Full Name of Child Emma Chapman St.; Ward)

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Dec. 12 1916
(Name of Month) (Day) (Year)(8) FULL
NAME Henry Chapman(9) PRESENT
POSTOFFICE
OF FATHER Easton(10) COLOR
OR
RACE Nepr (11) AGE AT LAST
BIRTHDAY 27
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth { 1(14) NAME BEFORE
MARRIAGE Ellen Edmund(15) PRESENT
POSTOFFICE
OF MOTHER Easton(16) COLOR
OR
RACE Nepr (17) AGE AT LAST
BIRTHDAY
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Rader(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife EASTOVER

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by male)(27) Filed Dec 16 1916 (28) 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.

K O D A K S A F