

(1) PLACE OF BIRTH

County of AndersonTownship of PiedmontInc. Town of PiedmontCity of Piedmont

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

REGISTRATION NO. 34549

Registration District No. 313Registered No. 81
(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 John Henry ChapmanDATE OF BIRTH Nov. 12, 1923SEX Boy (1) DATE OF BIRTH Nov. 12, 1923

PARENTS

FATHER Charles ChapmanMOTHER Betty J. SmithPRESENT RESIDENCE OF FATHER Piedmont S.C.PRESENT RESIDENCE OF MOTHER Piedmont S.C.(10) COLOR OF SKIN Negro (11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN OF THIS MOTHER 1(15) NUMBER OF CHILDREN OF THIS FATHER 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive (born alive stillborn) (Hour A. M. or P. M.)

(21) on the date above stated.

(22) (Signature) [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) Date Nov. 12, 1923(27) Place [Place]

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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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