

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Oak Lawn

Inc. Town of .....

City of .....

(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

File No. — For State Registrar Only  
**56095**Registration District No. 2212Registered No. 19

(For use of Local Registrar)

St.: ..... Ward: .....

(2) Full Name of Child Clara

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?

Is he measured only in case of Twins or Triplets

(5) Number in  
order of birth 2(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH April 25

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJohn Chapman(9) PRESENT  
POSTOFFICE  
OF FATHERPelzer R 3(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth{ 2 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGEFeltie Vicious(15) PRESENT  
POSTOFFICE  
OF MOTHERPelzer SC(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth{ 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 0 M.  
on the date above stated. (Born alive or stillborn) (Morn A. M. or P. M.)(23) (Signature) No. 35 or 36

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)FILED April 1916 (28) N. A. Rose  
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.

MAKING UNDESIRABLE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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.

McCaw, of Columbia.