

N. B.—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 Richland.....  
 Township of O. Colare.....  
 or  
 Inc. Town of Columbia.....  
 or  
 City of S.C......

(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  
16451

Registration District No. 282 Registered No. 1367...  
 (For use of Local Registrar)

(No. 1711 Richland Ave. St.; ..... Ward)

(2) Full Name of Child Silvery Chestnut..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 14, 1922</u> (Name of Month) (Day) (Year)
------------------------------	---	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Willie Chestnut

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Richland County

(13) OCCUPATION labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Woods

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Richland County

(19) OCCUPATION House Keeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Elizabeth Perry

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

..... 19..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/18 19 22 (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.

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.