

PLACE OF BIRTH

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

File No.—For State Registrar Only
19220

Registration District No. **4008**

Registered No. **171**
(For use of Local Registrar)

Town of **R. F. D. no 4**

(No. St. Ward)

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

Full Name of Child **Evelyn Bernice**

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

DATE OF BIRTH **March 17 1922**
(Name of Month) (Day) (Year)

FATHER.

1) Full Name **Grover Edward Chumley**

2) Present Postoffice of Father **Spartanburg R. 4**

3) Color or Race **White**

4) Birthplace **Evans S.C.**

5) Occupation **Farmer**

6) Number of children born to mother, including present birth **4**

MOTHER.

1) Name before marriage **Long May McKrnick**

2) Present Postoffice of Mother **Spartanburg R. 4**

3) Color or Race **White**

4) Birthplace **Piedmont S.C.**

5) Occupation **House Keeper**

6) Number of children of the mother now living, including present birth **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born** on the date above stated.

(23) (Signature) **Mrs. Ida Chumley**

(24) State whether Physician or Midwife **midwife**

at **2:00** P.M.

(25) Address of Physician or Midwife **Spartanburg S.C.**

Give name added from a supplemental report

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

(27) Filed **March 20 1922**

(28) Local Registrar **Mr. R. F. Parker**

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.