

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Judson MillsInc. Town of Judson MillsCity of Judson Mills

(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

28583

Registration District No. ✓ 209

Registered No. ....

(For use of Local Registrar)

(No. 9 Eighth St.) ..... Ward)(2) Full Name of Child William Earnest Chestnut

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Type To be reported only in case of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Oliver Chestnut(9) PRESENT POSTOFFICE OF FATHER Judson Mills, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Franklin Co. Georgia(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilly May Shirley(15) PRESENT POSTOFFICE OF MOTHER Judson Mills, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Piedmont Anderson Co. S.C.(19) OCCUPATION Textile(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Murray, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1517 Rutledge St.

Given name added from a supplemental report

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

(27) Date Sept 18, 1923 (28) A. H. N. Mackey 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.

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