

## (1) PLACE OF BIRTH

County of WilmingtonTownship of East

or

Inc. Town of .....

or

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

77460

Registration District No. 2400 Registered No. 65-  
(For use of Local Registrar)(2) Full Name of Child William O. Chanon

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 2, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Plato Chanon(9) PRESENT POSTOFFICE OF FATHER Lena(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Ellenton S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE I don't know(15) PRESENT POSTOFFICE OF MOTHER Lena(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Ellenton S. C.(19) OCCUPATION Washing Machine(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Andrew S. Roberts  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Robert Clark

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

(27) Filed Sept 9, 1916(28) H. C. Dickinson  
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.

MARGIN RESERVED FOR BINDING.

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

FILE—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the

FIRST BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, New York