

FORM NO. 6  
MARGIN RESERVED FOR INDEXING  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 3.  
McGaw, of Columbia

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics

File No.—For State Registrar Only

80608

(1) PLACE OF BIRTH

County of Charleston

Township of

or  
Inc. Town of

or  
City of Charleston

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

Registration District No. 9X

Rapier Hospital

File No.—For State Registrar Only

80607

Registered No. 1210

(For use of Local Registrar)

St. Ward

Ward

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

(2) Full Name of Child James Norman Chestnut

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE Oct 30

BIRTH (Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME Norman J. Chestnut

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Ephrata Penn.

(13) OCCUPATION Navy

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE James Belle Clark

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Everett, Mass.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 1030 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Chestnut

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 459 Meeting

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/6 1916

(28)

Registrar

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.