Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43585

(1) PLACE OF BIRTH

County of Mccormick

Township of Indian Hill
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 4503. Registered No. ..... (For use of Local Registrar)

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

(2) Full Name of Child John Wesley Chiles — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth Six

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 3rd (Name of Month) (Day) 1922 (Year)

FATHER.	MOTHER.
(8) FULL NAME Samuel A. Chiles	(14) NAME BEFORE MARRIAGE Essie B. Harris
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE Afro-American (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE Afro-American (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Abbeville County	(18) BIRTHPLACE Abbeville County
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth Six	(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Janie Patterson

(24) State whether Physician or Midwife Abbeville S.C.

(25) Address of Physician or Midwife R F D 4 Box 77

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness Mrs. Maggie Devlin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 16 1922 (28) Sam L. Lang
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.

N. B.—In case of TWINS OR TRIPLETS, No. 1, THE OTHER, No. 2, etc., in question 5.
FIRST-BORN, No. 1.
McCAW OF COLUMBIA, COLUMBIA, S. C.