

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield.Township of # 2or
Inc. Town ofor
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

20856

Registration District No. 1901 Registered No. 40
(For use of Local Registrar)(2) Full Name of Child William Chisolm If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 23, 1928</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Chisolm</u>			(14) NAME BEFORE MARRIAGE <u>Mary Hally</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Aspen</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aspen</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Aspen</u>			(18) BIRTHPLACE <u>Aspen</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House Helper</u>	
(20) Number of children born to mother, including present birth <u>One (1)</u>			(21) Number of children of this mother now living, including present birth <u>One (1)</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth A. Doctor

(24) State whether Physician or Midwife

Physician or Midwife

(25) Address of Physician or Midwife

Woodward

Given name added from a supplemental report

(26) Witness

David Chisolm

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

(27) Filed

Aug 1, 1928

(28)

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.