

MARGIN RESERVED FOR BINDING.

WRITE 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 8.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH
County of Greenville
Township of Lowndesboro
or
Inc. Town of Wauchope
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
43173

Registration District No. 1314 Registered No. 86
(For use of Local Registrar)

(2) Full Name of Child Fredrick Cornel Chumley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fred Chumley</u>			(14) NAME BEFORE MARRIAGE <u>Gertrude Allen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wauchope S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wauchope S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg S.C.</u>			(18) BIRTHPLACE <u>Asheville N.C.</u>	
(13) OCCUPATION <u>Cotton Mill</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. Workman

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wauchope S.C.

Given name added from a supplemental report _____, 191...
Registrar _____

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

(27) Filed Jan 6 1916 (28) J. C. McAlister 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.