

(1) PLACE OF BIRTH

County of Richmond
Township of Liberty
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

36101

Registration District No. 3705

Registered No. 138
(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 Edis Alberta Chaffee
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 10 12 1922
(Name of Month (Day) (Year))

FATHER

(8) FULL NAME Ed C Chaffee

(9) PRESENT POSTOFFICE OF FATHER Liberty SC R 4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE Sara Marion

(15) PRESENT POSTOFFICE OF MOTHER Liberty SC R 4

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. H. H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report

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

(27) Filed Nov 10 1922 (28) John T. Roze 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.

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