

THIS IS A PERMANENT RECORD. 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 questions 1

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Walnut Grove  
or  
Inc. Town of .....  
or  
City of .....

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

No. 26344—for State Registrar Only

Registration District No. 4240 Registered No. 00  
(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 E. W. McChesney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 2nd (5) Number in order of birth 2nd (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 21, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. W. McChesney

(9) PRESENT POSTOFFICE OF FATHER none

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
(Year)

(12) BIRTHPLACE D. C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Harvey

(15) PRESENT POSTOFFICE OF MOTHER none

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Year)

(18) BIRTHPLACE D. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 2:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) D. F. Hughton M.D.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

Jennie Harvey  
Nov. 19, 1923  
Registration

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

(26) Filed Aug 21, 1923 (27) J. W. Hughton  
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.