

(1) PLACE OF BIRTH **Charleston** STATE OF SOUTH CAROLINA. No. **32040**
 County of **Charleston** Bureau of Vital Statistics
 Township of State Board of Health
 or
 Inc. Town of Registration District No. **9A** Registered No. **1000**
 or **Charleston** (For use of Local Registrar)
 City of **Charleston** (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Thomas Wilson Chadwick** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	Is born second or a part of twins or triplets			Nov 28 ^{no 23} (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Carl Edison Chadwick			(14) NAME BEFORE MARRIAGE Mary A. Rouse	
(9) PRESENT POSTOFFICE OF FATHER Martins Point, S.C.			(15) PRESENT POSTOFFICE OF MOTHER Martins Point, S.C.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 30 (Years)	
(12) BIRTHPLACE Syracuse, N. Y.			(18) BIRTHPLACE Cazenovia, N. Y.	
(13) OCCUPATION Planter			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth Two			(21) Number of children of this mother now living, including present birth Two	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** as **8:30** P. M.
 on the date above stated. (Born alive or stillborn) (Home A. M. or P. M.)

(23) (Signature) **Physician**
 (24) Print name of Physician or Midwife **Physician** (25) Address of Physician or Midwife **14 Elmwood**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark).

(27) Filed **11/8/23** (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.