

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Central  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 18.—For State Registrar Only

18798

Registration District No. 224 Registered No. 112  
 (For use of Local Registrar)

(No. .... St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irvin C. Chashine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 10, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wesley Chashine

(9) PRESENT POSTOFFICE OF FATHER Central S.C. RD

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)

(12) BIRTHPLACE Palmer Co Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Lee Posey

(15) PRESENT POSTOFFICE OF MOTHER Central S.C. RD

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)

(18) BIRTHPLACE Pickens Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Elinor at 3:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edward W. Griffin

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

Given name added from a supplemental report

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

(27) Filed July 9, 1923 (28) J. N. Bearden 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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