

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child Arthur Chapp

File No. - For State Registrar Only

450

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3105Registered No. 17  
(For use of Local Registrar)(No. 54 Ward)

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

February 7, 1929  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Chapp

(9) PRESENT POSTOFFICE OF FATHER

Cayce - SC

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Livingston

(13) OCCUPATION

public work

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

2

(14) NAME BEFORE MARRIAGE

dad - Washington

(15) PRESENT POSTOFFICE OF MOTHER

Cayce - SC

(16) COLOR OR RACE

color

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Livingston

(19) OCCUPATION

house wife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 a. M., on the date above stated. (Days alive or stillborn Hour M. or P. M.)

(22) (Signature)

(23) (Address of Physician or Midwife)

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(26) (When there was no attending physician or midwife, the name of the person who attended the birth should be given.)

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