

No. 1

(1) PLACE OF BIRTH

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County of *Bryan*Township of *B. A. 100*

or

Inc. Town of

or

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 *Lois Chadwick Kenna*(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

(12) I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated.(13) (Signature) *Richard B. Shaw*

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

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

(17) Filed

(18) Local Registrar

(19) 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16799

Registered No.

(For use of Local Registrar)

Ward

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

(14) NAME BEFORE MARRIAGE *Claudia Chadwick*(15) PRESENT POSTOFFICE OF MOTHER *Parris Delana St.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *Sixes*(19) OCCUPATION *Soldier*(20) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated.(22) (Signature) *Richard B. Shaw*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Parris Delana St.*

(25) Witness

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

(26) Filed

101

(27)

Local Registrar

Given name added from a supplemental report

Regist.

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.