

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41050

Registration District No. 604 Registered No. 186
 (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 Harrison Chaplin {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 6) Are Parents Married? yes 7) DATE OF BIRTH Dec 6, 1922
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Isaiah Chaplin
 9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 30 (Years)
 12) BIRTHPLACE South Carolina
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 8

MOTHER.
 14) NAME BEFORE MARRIAGE Harriet Legare
 15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 28 (Years)
 18) BIRTHPLACE South Carolina
 19) OCCUPATION Farmer
 21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9: P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Scott X Frogmore S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness N. King
 (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed 21 10 1922 (28) J. R. Thoms 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.

REMARKS: THIS IS A SEPARATE BLANK FOR EACH CHILD, and must be FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.