

## (1) PLACE OF BIRTH

County of Lowry  
 Township of Campbelltown  
 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

38905

Registration District No. 2509 Registered No. 99  
 (For use of Local Registrar)

City of ..... (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 Elma Chestnut

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Chestnut  
 (9) PRESENT POSTOFFICE OF FATHER Hammond SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
 (Year) (12) BIRTHPLACE Hammond SC  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Todd  
 (15) PRESENT POSTOFFICE OF MOTHER Shull  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (Year) (18) BIRTHPLACE Shull SC  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Nancy Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Longo SC

Given name added from a supplemental report

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

(27) Filed Sept 15, 1922 (28) Nancy Williams 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.