

(1) PLACE OF BIRTH

County of Lexington
 Township of Saluda
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21788

Registration District No. 3111 Registered No. 32
 (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 Ray Chabers 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 July 9 to 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Arthur B. Bundick

(9) PRESENT POSTOFFICE OF FATHER Chapin

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 12

MOTHER.
 (14) NAME BEFORE MARRIAGE Betha Stone

(15) PRESENT POSTOFFICE OF MOTHER Chapin

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ray Chabers at 4 P. M., on the date above stated. (Born live or stillborn) (Hour M. or P. M.)

(23) (Signature) Larch R. Brand (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed July 25 1949 (28) J. W. Tamm 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.