

9/6/45

no cover

2 free

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Orangeburg

Township of _____

or _____

Inc. Town of Norway

or _____

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3617

22 049264

FILE No.—For State Registrar Only

00715

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Hammond Elnor Lee Chavis

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

3. Boy or Girl	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature	7. Are Parents	8. Date of birth <u>July 29, 1922</u> (Month, day, year)
				Full term	Married?	

9. Full name <u>Arthur A. Chavis</u>	FATHER	18. Name before marriage <u>Letha Grace Chavis</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Norway, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Norway, S.C.</u>
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11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>20</u> (years)
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13. Birthplace (city or place) (State or country) <u>Orangeburg</u>	22. Birthplace (city or place) (State or country) <u>Hammerville, S.C.</u>
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14. Trade, profession or particular kind or work done, as spinner, lawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of birth and including this child) <u>3</u>	(a) Born alive and now living <u>3</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
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28. If stillborn, period of gestation _____ months _____ weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from _____
a supplementary report _____
(Date of) _____

Registrar.

(Signed Letha Grace Chavis, Parent or _____, Guardian)Address _____
Filed Sept. 6, 1945 Thos. P. Lesesne
Registrar.