

## (1) PLACE OF BIRTH

County of CharlestonTownship of Beesor  
Inc. Town of Xor  
City of X

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

(2) Full Name of Child Quilly B. Chanley

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

(3) BOY OR GIRL boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Age Parents Married Open (7) DATE OF BIRTH June 31 1912  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Walter Chanley(9) PRESENT POSTOFFICE OF FATHER Wofford St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Chattanooga(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3MOTHER  
(14) NAME BEFORE MARRIAGE Nora J. Chanley(15) PRESENT POSTOFFICE OF MOTHER Wofford St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Chattanooga(19) OCCUPATION Farmer(21) Number of children of this mother new living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis A. Chanley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wofford St.

Given name added from a supplemental report

M.B. Wofford, M.D.  
affid. 1/14/12

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

(27) John J. Ireland (28) John J. Ireland  
Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

41827

Registration District No. 14.01 Registered No. 1.7  
(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 Quilly B. Chanley

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

(3) BOY OR GIRL boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Age Parents Married Open (7) DATE OF BIRTH June 31 1912  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Chanley(9) PRESENT POSTOFFICE OF FATHER Wofford St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Chattanooga(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3(21) Number of children of this mother new living, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Nora J. Chanley(15) PRESENT POSTOFFICE OF MOTHER Wofford St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Chattanooga(19) OCCUPATION Farmer(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis A. Chanley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wofford St.

Given name added from a supplemental report

M.B. Wofford, M.D.  
affid. 1/14/12

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

(27) John J. Ireland (28) John J. Ireland  
Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.