

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registration

56016

Registration District No. 2200 Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child, Leardine Chapman

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 25</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Weldon P. T. Treadman(9) PRESENT POSTOFFICE OF FATHER Trimbornville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { ... 2 ... }

MOTHER.

(15) NAME BEFORE MARRIAGE Bertha Washette(16) PRESENT POSTOFFICE OF MOTHER Trimbornville(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION house work(21) Number of children of this mother now living, including present birth { ... 2 ... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. C. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Trimbornville S.C.

Given name added from a supplemental report

1st

2nd

3rd

4th

5th

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 8, 1916 (28) J. L. Chickasaw
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.

fifth month of pregnancy.

fifth month of pregnancy.

McGraw, of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.