

Form No. 1

## (1) PLACE OF BIRTH

County of RichTownship of H. Williams

In 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 Registrar Only

2971

Registration District No. 604 Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child Arthur Chaplin If child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl 4) Twin or Triplet No 5) Number in order of birth 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 4 1929  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Ben Chaplin9) PRESENT POSTOFFICE OF FATHER Frogmore10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 41 (Years)12) BIRTHPLACE SC13) OCCUPATION Farmer & Trader14) Number of children born to mother, including present birth 10

## MOTHER.

14) NAME BEFORE MARRIAGE Rebecca Chaplin15) PRESENT POSTOFFICE OF MOTHER Frogmore16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 28 (Years)18) BIRTHPLACE SC19) OCCUPATION Housewife20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Given name added from a supplemental report

(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Feb 12 1929 (27) J. S. Johnson 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.