

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
46901

County of **Marlboro,**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

Township of **Smithville,**

Inc. Town of Registration District No. **3300** Registered No. **2** (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 **Savana Chavis,** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb 7/1916** (Name of Month/Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME Edmond Chavis,	(14) NAME BEFORE MARRIAGE Jennie Ann Taylor,	(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.
(10) COLOR OR RACE Negro, (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Negro, (17) AGE AT LAST BIRTHDAY 27 (Years)	(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farming,	(19) OCCUPATION House Work,	(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **6 P.M.** M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) **Jennie Chavis**

(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Kellock, S.C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **W. H. Purist**

(27) Filed **Feb 22/1916** (28) **W. H. Purist** 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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Saw. of Columbia.
THIS IS A PERMANENT RECORD.