

## (1) PLACE OF BIRTH

County of Albermarle  
 Township of Timmonsville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. For State Registrar Only  
**55896**

or  
 Inc. Town of ..... Registration District No. 2115 Registered No. 441  
 or  
 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 Dennis Chapman, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth first (6) Are Parents Married? yes (7) DATE OF BIRTH April 30 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Dennis Chapman  
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville R.D. 3  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE Lee County, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Mack  
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville R.D. 3  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Lee County, S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1030 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Foster, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Timmonsville, S.C.

Given name added from a supplemental report

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

(27) Filed May 10 1916 (28) W. C. Minnis 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.

WHEN PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 2.—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 1.

McGraw, of Columbia