

Form No. 1

(1) PLACE OF BIRTH

County of

Richland Co

Township of

St. Andrews Upper

or

Inc. Town of

or

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

16575

Registration District No.

Registered No.
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Henry Chatman

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH. May 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Haris Chatman

(9) PRESENT POSTOFFICE OF FATHER

Columbia P 2

(10) COLOR OR RACE

Calard

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Slesker

(15) PRESENT POSTOFFICE OF MOTHER

Columbia P 2

(16) COLOR OR RACE

Calard

(17) AGE AT LAST BIRTHDAY

15
(Years)

(18) BIRTHPLACE

Farming Richland Co

(19) OCCUPATION

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born May 21, at 11 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Bella Richardson Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

P 2 Box 27 H

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.