

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Saluda
Township of H. H.
or
Inc. Town of Registration District No. 3903 Registered No. 34
(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... Annie Chapman... } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 6, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Chapman</u>	(14) NAME BEFORE MARRIAGE <u>Louise Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Saluda</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda SC</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Saluda Co SC</u>	(18) BIRTHPLACE <u>Saluda Co SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth } <u>Five</u>	(21) Number of children of this mother now living, including present birth } <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Matthie Chapman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Saluda SC

Given name added from a supplemental report

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

(27) Filed Aug 25 1916 (28) B. Corrick 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.