

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**34020**

(1) PLACE OF BIRTH

County of Darlington  
Township of Society Hill  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 1510

Registered No. 73  
(For use of Local Registrar)

(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 Effie Chapman [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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME G. E. Chapman  
(9) PRESENT POSTOFFICE OF FATHER Society Hill  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Boash  
(15) PRESENT POSTOFFICE OF MOTHER Society Hill  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Brooks

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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

(27) Filed Dec 10 1922 (28) Wm. S. Payne 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.

MARGIN RESERVED FOR INDEXING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

RECEIVED OF COLUMBIA, S. C.

Registrar Only

Registrar

Ward

ed, make directed

22 (Year)

29

P. M., or P. M.)

Midwife