

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield  
 Township of #10  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30089

Registration District No. 1909 Registered No. 26  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Stade Chappell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No. (7) DATE OF BIRTH Sept. 29, 22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Harie Chappell  
 (9) PRESENT POSTOFFICE OF FATHER Bookman S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (12) BIRTHPLACE Fairfield Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth

MOTHER.  
 (14) NAME BEFORE MARRIAGE Maggie Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Kimmelton S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
 (Year)  
 (18) BIRTHPLACE Fairfield Co. S.C.  
 (19) OCCUPATION Farmhand  
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Low + Lawson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 (26) Witness Mrs. E. G. Hardy (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct. 6, 1922 (28) E. G. Hardy 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.

M.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.

MCGRAW-HILL, COLUMBIA, S. C.