

THIS IS A SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.

| | | | | | |
|--|---|---|---|--|--|
| (1) PLACE OF BIRTH County of <u>Clark</u> Township of _____ or Inc. Town of <u>Stock Hill</u> or City of _____ <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</small> | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">2733</div> | |
| | | Registration District No. <u>44 B</u> | | Registered No. <u>1</u> <small>(For use of Local Registrar)</small> | |
| (No. <u>22</u> <u>Hay</u> St.; _____ Ward) <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</small> | | | | | |
| (2) Full Name of Child <u>Elly Elizabeth Chandler</u> <small>(If child is not yet named, make supplemental report as directed)</small> | | | | | |
| (3) BOY OR GIRL <u>G.</u> | (4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth _____ | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Jan 6 1922</u> <small>(Name of Month) (Day) (Year)</small> | |
| FATHER— | | | MOTHER— | | |
| (8) FULL NAME <u>John Chandler</u> | | | (14) NAME BEFORE MARRIAGE <u>Pearl Helms</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Arcade Mill</u> | | | (15) PRESENT POSTOFFICE OF MOTHER _____ | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small> | | | (17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small> | | |
| (12) BIRTHPLACE <u>S. C.</u> | | | (18) BIRTHPLACE <u>N. C.</u> | | |
| (13) OCCUPATION <u>Superintendent</u> | | | (19) OCCUPATION <u>Dom.</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour A.M. or P.M.)</small> | | | | | |
| (23) (Signature) <u>L. A. Hay M.D.</u> | | | | | |
| (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____ | | | | | |
| Given name added from a supplemental report _____ | | | (26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by parent)</small> | | |
| _____ 19 _____ Registrar | | | (27) Filed <u>1/7</u> 19 <u>22</u> (28) <u>Boomer</u> Local Registrar | | |
| <small>*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.</small> | | | | | |
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