

Form No. 10. **MAKING RECEIVED FOR BINDING.**  
 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.  
 of Columbia  
 McCraw

**(1) PLACE OF BIRTH**  
 County of Williamsburg  
 Township of Turkey  
 OF  
 Inc. Town of ..... Registration District No. 4311 Registered No. 76  
 OF  
 City of ..... (No. .... St. .... Ward)  
 (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  
**44993**

**(2) Full Name of Child** George Hugo Chandler } 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?** yes **(7) DATE OF BIRTH** Dec. 1 1913  
To be answered only in case of twins or triplets. (Name of Month) (Day) (Year)

**FATHER.**  
**(8) FULL NAME** Dary Chandler  
**(9) PRESENT POSTOFFICE OF FATHER** Kingstree  
**(10) COLOR OR RACE** negro **(11) AGE AT LAST BIRTHDAY** 72 (Years)  
**(12) BIRTHPLACE** Williamsburg  
**(13) OCCUPATION** farmer  
**(20) Number of children born to mother, including present birth** 7

**MOTHER.**  
**(14) NAME BEFORE MARRIAGE** Susana McBlair  
**(15) PRESENT POSTOFFICE OF MOTHER** Kingstree  
**(16) COLOR OR RACE** negro **(17) AGE AT LAST BIRTHDAY** 30 (Years)  
**(18) BIRTHPLACE** Williamsburg  
**(19) OCCUPATION** House wife  
**(21) Number of children of this mother now living, including present birth** 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**(22) I hereby certify that I attended the birth of this child, who was** born **at** 10 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)** Rollie M. Fadden  
**(24) State whether Physician or Midwife** Physician **(25) Address of Physician or Midwife** .....

Given name added from a supplemental report  
 ..... 191....  
 Registrar

**(26) Witness** [Signature]  
(Signature of Witness necessary only when question 23 is signed by mark.)  
**(27) Filed** Dec 14 1913 **(28)** W. E. Snow Jr.  
 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.

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