

Form No. 10. MARGIN RESERVED 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.

(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.)

(2) Full Name of Child George Hughes 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
(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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Polley M. Fadden
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness D. H. Snow (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 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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