

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File N

22 049283

27

County of OrangeburgTownship of Orangeburg

or

Town of .....

or

of Orangeburg

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

Full Name of Child Archie Lee Chandler

(If child is not yet named, make supplemental report as directed)

JOY OF  
MARRIAGE(4) Twin  
or Triplet(5) Number in  
order of birth

2

(6) Are  
Parents  
Married?

Yes

(7) DATE OF

BIRTH Dec ..... 16, 1922 (22)  
(Name of Month) (Day) (Year)

## FATHER.

Full Name Wm Eugene ChandlerPresent Postoffice of Father Orangeburg, S.C.Color or Race White (14) AGE AT LAST BIRTHDAY 37 (Year)Birthplace Greenville County, S.C.Occupation OrderNumber of children born to father including present birth Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Rowe Dukes(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. C. Sheart

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Orangeburg, S.C.

Issued from a supplemental report

Page 1/2

(26) Witness

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

(27) Filed

May 1 1924 (28) H. H. Dukes

Local Registrar.

If no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.