

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

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

Registration District No. 2209A(No. Martin)

File No. - For State Registrar Only

28591

Registered No.

For use of Local Registrar

(2) Full Name of Child Edna M. Chandler

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

Is son or girl? GIRL(3) Twin or Triplet? one(4) Number in order of birth —(5) Are Parents Married? yes

(6) DATE OF

BIRTH Sept 7, 1923

(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Prof. Chandler(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Greenville SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Lucile Shanks(16) PRESENT POSTOFFICE OF MOTHER Greenville SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 19

(Years)

(19) BIRTHPLACE Greenville(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Edna M. on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Hester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville SC

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 26 is signed by report)

(28) Date Sept 20, 1923

(29) 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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