

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
K. 2.—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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		20335	
Township of <u>Shiloh</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>41.07</u>		Registered No. <u>58</u>	
or				(For use of Local Registrar)	
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 <u>Clark Chandler</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Birdy Chandler</u>			(14) NAME BEFORE MARRIAGE <u>Luzie Eearine</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shiloh, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Williamsburg Co</u>		
(13) OCCUPATION <u>Public work</u>			(19) OCCUPATION <u>Housework</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>8:30 P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Clark X. McEwen</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Wife Shiloh, S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by male) <u>S. B. McEwen</u>			
..... 19		(27) Filed <u>6-17-22</u> (28) <u>S. B. McEwen</u> Local Registrar.			
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.