

(1) PLACE OF BIRTH

County of Germine

Township of

or Inc. Town of

or Grellville

City of

(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

42592

Registration District No. 22A

Registered No. 653

(For use of Local Registrar)

(No. 16 Cleveland St.; Ward)

(2) Full Name of Child Willace Leroy Chandler

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

(3) BOY OR GIRL?

(4) Twin or triplet? X

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rumer Chandler

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Cotton Mill

(14) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Rhodes

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) W. H. Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 23 1912 (28) C. E. Smith 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.