CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50494

(1) PLACE OF BIRTH

County of Spartanburg

Township of Tyger

or

Inc. Town of Enoree S.C.

or

City of R.F.D. #1

Registration District No. 4003 Registered No. 12
(For use of Local Reistrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child John Pinckney J. P. Chandley Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age of Parents, Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy				May 11 1916

(To be answered only in event of Twins or Triplets)

FATHER.	MOTHER.
(8) FULL NAME John Pinckney Chandley	(14) NAME BEFORE MARRIAGE Bettie Fulfield
(9) PRESENT POSTOFFICE OF FATHER Enoree S.C.	(15) PRESENT POSTOFFICE OF MOTHER Enoree S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Spartanburg Co., S.C.	(18) BIRTHPLACE Spartanburg Co., S.C.
(13) OCCUPATION Farmer.	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 7	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 7 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. Fleming M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Enoree S.C.

Given name added from a supplemental report 7-1-3145, 191..

J. P. Lesesne L.R. Registrar

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

Filed T. 6-17 1916 (28) C. T. Hanna 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.

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.

N. B. McCaw, of Columbia.

Registrar Local Registrar.

McCaw.

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