

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

MCGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Williamsburg*  
Township of *Lewis*  
or  
Inc. Town of .....  
or  
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 *Evelina Chandler*

File No.—For State Registrar Only  
**75131**

Registration District No. *4305* Registered No. *77-*  
(For use of Local Registrar)

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 18<sup>th</sup> 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Laurens Chandler*  
(9) PRESENT POSTOFFICE OF FATHER *Salters Depot, S. C.*  
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *22* (Years)  
(12) BIRTHPLACE *Williamsburg co. S. C.*  
(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Daisy Williams*  
(15) PRESENT POSTOFFICE OF MOTHER *Salters Depot S. C.*  
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *18* (Years)  
(18) BIRTHPLACE *Williamsburg co. S. C.*  
(19) OCCUPATION *Farm Laborer*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Frierson*  
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Salters Depot, S. C.*

Given name added from a supplemental report

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

(27) Filed *Aug. 23<sup>rd</sup> 1916* (28) *Albert B. Moreley* 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.