

(1) PLACE OF BIRTH

County of WadeTownship of WadeOR
Inc. Town ofOR
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

36931

Registration District No. 200Registered No. 36

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Davis Chandler

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Chandler(9) PRESENT POSTOFFICE OF FATHER Wade S.C. R.F.D. 5(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE Wade Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ela Perkins(15) PRESENT POSTOFFICE OF MOTHER Wade S.C. R.F.D. 5(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE Wade Co(19) OCCUPATION Housewife(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 alive at 11 P.M., on the date above stated.
(Born alive or stillborn) (Hour or P. M.)(23) (Signature) William L. Johnson

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

Given name added from a supplemental report

(26) Witness James L. Chandler
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 12/2/22 (28) M. L. Johnson
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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