

(1) PLACE OF BIRTH

County of Hinsburg
 Township of Permit
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 11.-For State Register Only

30541

Registration District No. 4308 Registered No. 68-
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Michael Virginia Chandler child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet twins (5) Number in order of birth 2 (6) Are parents married yes (7) DATE OF BIRTH Sept 4th 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME H. R. Chandler

(9) PRESENT POSTOFFICE OF FATHER Lanes, S.S.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Year)

(12) BIRTHPLACE Hinsburg Co. S.S.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Harriet Small

(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.S.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Suainboro, Georgia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Miss Plowden

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes S.S.

Given name added from a supplemental report

L. D. Laney
D. A. L. 1923
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 4th 1923 (28) A. N. Mosley
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.