

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.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Portsmouth  
(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  
**32140**

Registration District No. 40-a Registered No. 433  
(For use of Local Registrar)  
(No. 139 Laurens St.; 6 Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mary Margaret Chandler

3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 7-8-22  
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME M. C. Chandler  
9) PRESENT POSTOFFICE OF FATHER Portsmouth, S. C.  
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
12) BIRTHPLACE S. C.  
13) OCCUPATION  Clerk  
20) Number of children born to mother, including present birth 2

MOTHER

14) NAME BEFORE MARRIAGE Ada Zuelten  
15) PRESENT POSTOFFICE OF MOTHER Portsmouth  
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
18) BIRTHPLACE S. C.  
19) OCCUPATION Dom.  
21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:22 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. P. Brown M.D.  
(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 10-1-22 (28) Jas. Cooper 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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