

## (1) PLACE OF BIRTH

County of CharlestonTownship of 9Inc. Town of .....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

No. 848 - For State Registrar OnlyRegistration District No. 1. A. R. Registered No. 13  
(For use of Local Registrar)(2) Full Name of Child Rosa Chandler (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth - (6) Age year (7) DATE OF BIRTH Jan 22, 23  
To be answered only in case of Twin or Triplet

## FATHER.

(8) FULL NAME Coe Chandler(9) PRESENT POSTOFFICE OF FATHER discontinued(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION lead(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Allice Tyson(15) PRESENT POSTOFFICE OF MOTHER Charleston R.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston R.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Feb 1, 23 (28) E. J. Early  
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 needed if child is born before the fifth month of pregnancy.