

(1) PLACE OF BIRTH

County of Sumter
 Township of Triloch
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16927

Registration District No 4107 Registered No. 57
 (For use of Local Registrar)

(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 Phoe James Chandler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH: May 19, 1912
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Donald Chandler

(9) PRESENT POSTOFFICE OF FATHER Lynchburg, SC.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lena McAdams

(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, SC.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Domestic

(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 12 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Lissie Truett
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Triloch, SC.

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

(27) Filed 5-30 1912 (28) S.B.M. Adams
 Registrar Local Registrar

Given name added from a supplemental report

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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.