

(1) PLACE OF BIRTH

County of KingTownship of King

Inc. or 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

File No. — For State Registrar Only

87805

Registration District No. 4306 Registered No. 98

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child Hillie Everline Chandler

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov, 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Thomas Chandler(9) PRESENT POSTOFFICE OF FATHER Cades SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION clerk(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Hillie Everline Jones(15) PRESENT POSTOFFICE OF MOTHER Cades(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Darlington Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. T. Kelley

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

Physician Kingston

Given name added from a supplemental report

(26) Witness R. C. M. Colman (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 8 1916 (28) J. T. Finnan 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.

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 2.

McKay of Columbia.