

(1) PLACE OF BIRTH  
 County of York  
 Township of York  
 or  
 Inc. Town of .....  
 or  
 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. 908  
 (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? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2, 1916  
To be answered only in case of Twins or Triplets (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 Hettie 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) J. E. Kelly  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Kingstree

Given name added from a supplemental report .....  
 (26) Witness R. C. M. Colvin  
 (Signature of Witness necessary only when question 23 is signed by mark)

..... 191.....  
 Registrar  
 (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 BINDING.  
 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 1.  
 McCray of Columbia.