

## (1) PLACE OF BIRTH

County of Darlington  
Township of Darlington

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3549

Inc. Town of \_\_\_\_\_ Registration District No. A-2 Registered No. 13  
(For use of Local Registrar)  
City of Darlington (No. 4640 of the main \_\_\_\_\_ 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 Samuel L. Lamm 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 1(6) Are  
Parents  
Married? ✓(7) DATE OF BIRTH July 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Lamm Chandler(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Darlington, S.C.(13) OCCUPATION Auto and Machine(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Linn Duggs(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Darlington, S.C.(19) OCCUPATION at home(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born as born (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) [Signature]  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Physician Darlington, S.C.Even name added from a supplement-  
tal report(25) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed man 1 1923 (28) C. A. Early  
Registrar Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fourth month of pregnancy.

before the fifth month of pregnancy.