

(1) PLACE OF BIRTH

County of GreenvilleTownship of Wartsideor
Inc. Town of Wartsideor
City of Greenville(No. 18 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 Chera Jonette Chandler

File No.—For State Registrar Only

18859

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH June 16, 1922
(Name of Month) (Day) (Year)(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE W.

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER

(11) AGE AT LAST
BIRTHDAY 27
(Years)(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE W.

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary
when question 23 is signed by mark)(27) Filed June 16, 1922

(28) 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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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