

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Chandler

(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
32743

Registration District No. 141A Registered No. 89
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number to order of birth 4 (6) Are Parents Married ✓ (7) DATE OF BIRTH Oct 10 1918
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME ✓ (14) NAME BEFORE MARRIAGE Rich Anna

(9) PRESENT POSTOFFICE OF FATHER ✓ (15) PRESENT POSTOFFICE OF MOTHER Chandler

(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 23 (Year) (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE ✓ (18) BIRTHPLACE It

(13) OCCUPATION ✓ (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alfred (Born alive or stillborn) (Hour) (M. or P. M.)
on the date above stated.

(23) (Signature) W. H. Long (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chandler

Given name added from a supplemental report

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

(27) Filed Oct 11 1918 (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.