

Form No. 1

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of Bumpsville  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38548

Registration District No. 2200 Registered No. 135-  
 (For use of Local Registrar)  
 (No. .... 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 Charles M. Chandler (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec. 10, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME James P. Chandler  
 9) PRESENT POSTOFFICE OF FATHER Bumpsville  
 10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 26 (Years)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION mill operator  
 20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Maudie Young  
 15) PRESENT POSTOFFICE OF MOTHER Bumpsville  
 16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 23 (Years)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION House work  
 21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. P. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bumpsville

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1922 (28) L. L. Richardson 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.

RECEIVED BY THE REGISTRAR OF THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. PRINTED IN S. C. 1922