

## (1) PLACE OF BIRTH

County of LouisburgTownship of Livingor  
Inc. Town of .....

City of .....

(No. .... St. .... Ward)  
(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

Registration District No. 4302 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Sam W. Chandler If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age <u>ages</u>	(7) DATE OF BIRTH <u>Feb 9, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Abraham Chandler</u>			(10) NAME BEFORE MARRIAGE <u>Agnes Scott</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Livingston</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Livingston</u>	
(12) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(18) COLOR OR RACE <u>Negro</u>	(19) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(13) BIRTHPLACE <u>Louisburg</u>		(16) BIRTHPLACE <u>Louisburg</u>		
(14) OCCUPATION <u>Farmer</u>		(15) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wesley Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-  
tal report(26) Witness A. Chandler(Signature of Witness necessary only  
when question 23 is signed by mark)(27) When Feb 21, 1923(28) W. B. Eldred

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.