

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
16923

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

County of: Spartanburg
Township of: Shiloh

or
Inc. Town of: _____
or
City of: _____

Registration District No. H107 Registered No. 46
(For use of Local Registrar)

(No. _____) (Name of _____) (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: Malena Chandler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl (4) Twin or Triplet? — (5) Number in order of birth: _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH: May 1 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME: Dewitt Chandler
(9) PRESENT POSTOFFICE OF FATHER: Shiloh S.C.
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 22
(Year) _____
(12) BIRTHPLACE: Spartanburg S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER
(14) NAME BEFORE MARRIAGE: Nettie Wells
(15) PRESENT POSTOFFICE OF MOTHER: Shiloh S.C.
(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 22
(Year) _____
(18) BIRTHPLACE: Spartanburg S.C.
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nettie X. Wilson
(24) State: Whether Physician or Midwife Midwife (25) Address of Physician or Midwife: Shiloh S.C.

Given name added from supplemental report: _____
_____ 19____
Registrar

(26) Witness: _____ (Signature of Witness necessary only when question 22 is signed by _____)
(27) Date: 5-2-22 (28) W. B. Wilson 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 AT SPARTANBURG, SOUTH CAROLINA, THIS 5th DAY OF MAY, 1922, AT 10:30 A.M.