

## (1) PLACE OF BIRTH

County of: *Somerset*Township of: *Shiloh*

or

Inc. Town of: \_\_\_\_\_

or

City of: \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child: *Melena Chandler* (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD: *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: *Somerset, S.C.*  
(13) OCCUPATION: *Farmer*  
(20) Number of children born to mother, including present birth: *2*MOTHER  
(14) NAME BEFORE MARRIAGE: *Nathie Wells*  
(15) PRESENT POSTOFFICE OF MOTHER: *Shiloh, S.C.*  
(16) COLOR OR RACE: *Negro* (17) AGE AT LAST BIRTHDAY: *22* (Year)  
(18) BIRTHPLACE: *Somerset, 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 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Nathie X. Wilson*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Shiloh, S.C.*

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

(Signature of Witness necessary only when question 25 is signed)

(27) Date *May 5, 1922*(28) Signature of Local Registrar *L.B. McEwen*

Registrar

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.