

Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town ofCity of Florence

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

(2) Full Name of Child Luna & Alice Thacker

(4) Sex <u>girl</u>	(5) Twin or Triplet To be covered only in event of Twin or Triplet	(6) Number in order of birth <u>29</u>	(7) Age at birth <u>29</u>	(8) DATE OF BIRTH (Name of Month) (Day) (Year) <u>9/10/23</u>
------------------------	--	--	----------------------------------	--

FATHER		MOTHER	
(9) FULL NAME <u>J. M. Chandler</u>	(10) DATE OF MARRIAGE <u>Jan</u>	(11) FULL NAME <u>Jennie Prince</u>	(12) DATE OF MARRIAGE <u>Jan</u>
(13) PRESENT POST OFFICE OF FATHER <u>City</u>	(14) PRESENT POST OFFICE OF MOTHER <u>City</u>	(15) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>
(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(18) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(19) BIRTHPLACE <u>Darlington Co</u>	(20) BIRTHPLACE <u>Columbia</u>
(21) OCCUPATION <u>Air Brake Mechanic</u>	(22) OCCUPATION <u>Dom</u>	(23) Number of children born to mother, including present birth <u>2</u>	(24) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was alive at 9 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) J. H. Smith(27) State whether Physician or Midwife Phys.(28) Address of Phys. or Midwife Florence, S.C.Given name added from a supplement-
al report(29) Witness
(Signature of Witness necessary only
when question 25 is signed by mark)(30) Filed \$ 1.50 1923 (31) P. H. Buchanan D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
before the fifth month of pregnancy.