

(1) PLACE OF BIRTH

County of LancasterTownship of South Union

Inc. Town of.....

City of.....

(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

41355

Registration District No. 2906Registered No. 29078
(For use of Local Registrar)Vol. 38 No. 29078Page 44036(2) Full Name of Child Chester Chandler

If child is not yet named, make supplemental report as directed

| | | | |
|--|---|---|--|
| (3) SEX OF CHILD <u>Boy</u> | (4) Type of Child <u>Is born at home</u> | (5) Number in order of birth <u>26</u> | (6) DATE OF BIRTH <u>Sept 7, 1924</u> |
| (7) FATHER'S NAME <u>Clinton Chandler</u> | | (8) MOTHER'S NAME <u>Polly Williams</u> | |
| (9) RESIDENT ADDRESS OF FATHER <u>Ware Shoals S.C.</u> | | (10) RESIDENT ADDRESS OF MOTHER <u>Ware Shoals S.C.</u> | |
| (11) COLOR OF CHILD <u>Black</u> | (12) AGE AT LAST BIRTHDAY <u>26</u> | (13) COLOR OF MOTHER <u>Black</u> | (14) AGE AT LAST BIRTHDAY <u>24</u> |
| (15) BIRTHPLACE <u>Princeton S.C.</u> | | (16) BIRTHPLACE <u>Princeton S.C.</u> | |
| (17) OCCUPATION <u>Farmer</u> | | (18) OCCUPATION <u>Housekeeper</u> | |
| (19) Number of children born to mother, including present birth <u>Five</u> | | (20) Number of children of this mother now living, including present birth <u>Four</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Fannie G. Smith(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Ware Shoals

Given page added from a supplemental report

(25) Witness Maggie Williams

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

(27) Date Jan 11, 1924 (28) Wm. D. Sullivan 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.

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