

(1) PLACE OF BIRTH

County of *Sparks*

Township of *Beck*

or Loc. Town of

or City of

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

Registration District No. *4060a* Registered No. *126*
(For use of Local Registrar)

St.; Ward)

2) Full Name of Child. *Gene Chandler*

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

BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *8 13 6*
(Name of Month) (Day) (Year)

FATHER.
FULL NAME *Arthur Chandler*
PRESENT POSTOFFICE OF FATHER *Greer St*
COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (Years)
BIRTHPLACE *SC*
OCCUPATION *meat house*
Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Miss Purnan*
(15) PRESENT POSTOFFICE OF MOTHER *Greer St*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)
(18) BIRTHPLACE *SC*
(19) OCCUPATION *Artist*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who, was *Alive* at *8 30 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician *Greer St*

Given name added from a supplemental report

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

(27) File *Aug 14 1916* (28) *J. C. Moore* 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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