

(1) PLACE OF BIRTH

County of Sumter  
Township of Shiloh  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**16931**

Registration District No H107

Registered No. 55  
(For use of Local Registrar)

City of ..... (No. .... 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 Valentine Chandler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH May 27, 1912  
(State of Month Day Year)

FATHER  
(8) FULL NAME Lam Chandler  
(9) PRESENT POSTOFFICE OF FATHER Lynchburg, Va  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE Sumter Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE Jeneta Green  
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, Va  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
(18) BIRTHPLACE Sumter Co  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mace J. McEwen  
(24) State whether Physician or Midwife Midwife Shiloh, Va (25) Signature of Physician or Midwife

Given name added from a supplemental report  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 6-5-12 (75) S. M. Egan 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.

IN CASE OF DYING OR STILLBORN, SEE FORM 4, STATE BOARD OF HEALTH, COLUMBIA, S. C. FORM NO. 1, THIS OFFICE. No. 2, City, in question 8.