

Form No. 10. MARGIN RESERVED FOR FILING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 3.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Lawrence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44967

Inc. Town of Registration District No. 4305 Registered No. 116
(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 Leband 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 2nd 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ephraim Chandler
(9) PRESENT POSTOFFICE OF FATHER Balters Depot
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Sumter County S. C.
(13) OCCUPATION farm laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Davis
(15) PRESENT POSTOFFICE OF MOTHER Balters Depot S. C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Williamsburg S. C.
(19) OCCUPATION farm laborer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wanda McHenry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Balters Depot S. C.
Ephraim Chandler

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

(27) Filed Dec 4 1915 (28) Albert R. Mowley Local Registrar

Given name added from a supplemental report

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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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