

(1) PLACE OF BIRTH

County of Anderson

Township of

or
In Town ofor
City of Williamsta

(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 HealthRegistration District No. 3-6

File No.—for State Registrar Only

12781Registered No. 60
(For use of Local Registrar)

(2) Full Name of Child

Lyndon Nathan Charles

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 22 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles</u>			(14) NAME BEFORE MARRIAGE <u>Katherine Beck</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Williamsta SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Williamsta SC</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(16) BIRTHPLACE <u>Georgia</u>	
(13) OCCUPATION <u>Lib</u>			(18) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank Lewis
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Williamsta SC

Given name added from a supplemental report <u>Lyndon</u>	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Lillian Russell</u>
19 <u>1923</u> Registrar	(27) Filed <u>6-12-1923</u> (28) <u>Lillian Russell</u> 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.

a supplementary report

Address LymanFiled 19 Registrar

Only

Registrar

Ward

d, make directed

2317

years

1717171717171717

1. PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Williamston

City of Williamston, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 74

FILE No.—For State Registrar Only

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Barker Katherine Chandler

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

3. Sex Girl

11. Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents Married? Yes

8. Date of birth

May 22 1923

9. Full name

FATHER

John T. Chandler

18. Name before marriage

MOTHER

Louise L. Chandler Barker

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

11. Color or race White

12. Age at child's birth 32 (years)

20. Color or race W

21. Age at child's birth 29 (years)

13. Birthplace (city or place)

Lawrence County, S.C.

22. Birthplace (city or place)

Lawrence County, S.C.

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Loom Fixer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Has the work

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

Cotton Mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year last) engaged in this work

1920

25. Date (month and year) last engaged in this work

1921

17. Total time (years) spent in this work

20

26. Total time (years) spent in this work

17

27. Number of children of this mother (At time of birth and including this child)

4 (a) Born alive and now living

3 (b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

months

weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Alive at A m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) John T. Chandler, Parent

or _____, Guardian

Given name added from

a supplementary report

Address Lyman

Filed _____, 19 _____

Register

Registrar

(Show institutions on South of Carolina)