

**(1) PLACE OF BIRTH**

County of San Diego  
Township of Santa Fe

Inc. <sup>or</sup> Town of .....  
or

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: Sarah Jane Chandler

File No. — For State Registrar Only  
75085

|                                 |                           |                                   |
|---------------------------------|---------------------------|-----------------------------------|
| (3) BOY OR GIRL?<br><i>Girl</i> | (4) Twin or Triplet?<br>- | (5) Number in order of birth<br>- |
|---------------------------------|---------------------------|-----------------------------------|

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH Aug 24 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Illegitimate Joseph Robinson

(9) PRESENT POSTOFFICE OF FATHER *Greenville SC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *20*  
(Years)

(12) BIRTHPLACE  
Sumner Buffalo, NE

(13) OCCUPATION  
Farmer Laborer

(20) Number of children born to mother, including present birth { *Each*.....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Livia Chandler

(15) PRESENT POSTOFFICE OF MOTHER *Guthrie, Pa*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *17* (Years)

(18) BIRTHPLACE  
20... Bangkok WE

(19) OCCUPATION Housework

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Rachel G. Hill

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

**Given name added from a supplemental report**

..... 191.....

..... Registrar

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

(7) Filed 11/11/11 191.4 (28) ad/10/10/11 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.