

FORM NO. 4  
 MARRIAGE REGISTERED IN THE RECORD.  
 WRITING PLAINLY, 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 6.

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

File No.—For State Registrar Only  
**44952**

(1) PLACE OF BIRTH  
 County of Willingtonburg.  
 Township of Johnston  
 or  
 Inc. 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.)

Registration District No. 4304 Registered No. 163  
 (For use of Local Registrar)

(2) Full Name of Child Mr. Gray Chandler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept. 11 1914</u>
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**FATHER.**

(8) FULL NAME <u>Benjamin Chandler</u>	(14) NAME BEFORE MARRIAGE <u>Eva Estelle Eaddy</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Harry, A. D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Harry, A. D.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Henry, A. D.</u>	(18) BIRTHPLACE <u>Harry, A. D.</u>
(13) OCCUPATION <u>Planter</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Six</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>

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

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) E. A. Harrison (24) Address of Physician or Midwife Physician Harrison, A. D.

(25) Address of Physician or Midwife Physician Harrison, A. D.

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

(27) Filed Jan. 10 1914 (28) K. R. Lind Local Registrar.

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ 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.