

COUNTY PLANS. WITH VOUCHERS BEING IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS FORM, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Richland
 Township of Shady Side
 or
 Inc. Town of

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

No. for State Register only
31408

Registration District No. 718

Registered No. 26
 (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 Etchel Chandler (If child is not yet named, make supplemental report as directed)

(a) SEX OR CHILD Girl (b) Twin or Triplet To be answered only in event of Twin or Triplet (c) Number in order of birth (d) Are Green Ankleband yes (e) DATE OF BIRTH Nov 29 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John H. Chandler
 (9) PRESENT POST OFFICE OF FATHER Aiken S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Aiken S.C.
 (13) OCCUPATION Farmer
 (16) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Key
 (15) PRESENT POST OFFICE OF MOTHER Aiken
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Aiken S.C.
 (19) OCCUPATION House wife
 (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 ... Albany ... at A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. ...
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Hampton

Given name added from a supplemental report

(26) Witness J. L. ...
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12/5 1923 (28) J. L. ... 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.