

(1) PLACE OF BIRTH

County of Bamberg

Township of

or
Inc. Town ofCity of Bamberg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

262

Registration District No. 10Registered No.
(For use of Local Registrar)

(No. St. Ward)

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

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

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 1 5 12
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William H. Chandler(9) PRESENT POSTOFFICE OF FATHER Bamberg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Sanders Ga(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Harrington(15) PRESENT POSTOFFICE OF MOTHER Bamberg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Sanders Ga(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:50 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Robert Black(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 30 19 12(28) John Cooney 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

RECEIVED BY COLUMBIA, S. C.