

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

13. 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)

(State or country)

Lawrence County, S.C.

22. Birthplace (city or place)

(State or country)

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.

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

26. Total time (years) spent in this work

17

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

(a) Born alive and now living 4

(b) Born alive but now dead 3

(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

Filed

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Registrar