

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Laurin

Inc. Town of .....

City of .....

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

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90071

Registration District No. 2206 Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Manning Wilson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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#### FATHER.

(8) FULL NAME George Edward Chambers

(9) PRESENT POSTOFFICE OF FATHER St James S.C. R.R.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

#### MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Lancaster

(15) PRESENT POSTOFFICE OF MOTHER St James S.C. R.R.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 3

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

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson

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

Physician St James S.C.

Given name added from a supplemental report

Mary 1917  
Old Mills  
Dufty Registrar

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

(27) Filed Jan 10 1917 (28) B. Duckert 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McGraw-Hill of Columbia