

(1) PLACE OF BIRTH

County of WindsorTownship of Beaufort

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66570

Registration District No. 152 Registered No. 48

(For use of Local Registrar)

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 Armando Chamber If child is not yet named, make supplemental report as directedBOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Chamber(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Windsor(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Wilson(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Windsor(19) OCCUPATION housekeeper(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 born, at 5 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary T. Wilson(24) State whether Physician or midwife (25) Address of Physician or Midwife Kingston(26) Witness Henry T. Chamber

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

(27) Filed June 18, 1916 (28) B. B. Jackson Local Registrar

Given name added from a supplemental report

151

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.

MARGIN RESERVED FOR BINDER. THIS IS A PRELIMINARY RECORD. WHEN FILING, WITH LEADING IN, THIS IS A PRELIMINARY RECORD. 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 1.

Form No. 10.

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