

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....

or  
City of Greenville

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

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

**52286**

Registration District No. 22 A Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 27 1911  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Thomas Young

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Greenville Co. S. C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lucile Booker

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
(Years)

(18) BIRTHPLACE Greenville Co. S. C.

(19) OCCUPATION Laundress

(20) Number of children of this mother now living, including present birth 2

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

(22) I hereby certify that I attended the birth of this child, who was born alive 5 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace C. Chalmer

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

Midwife

Given name added from a supplemental report

(26) Witness Grace C. Chalmer  
(Signature of Witness necessary only when question 25 is signed by parent)

(27) Dated Mar. 27 1911 (28) C. E. Smith  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make such return if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns between the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M.R.—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 5.