

Form No. 1.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Spartanburg  
Inc. Town of Spartanburg  
City of Spartanburg  
(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  
**62010**

Registration District No. 110 A Registered No. 187

(2) Full Name of Child Samuel Elizabeth Chambers (If child not yet named, make supplemental report as directed)

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 19 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Chambers  
(9) PRESENT POSTOFFICE OF FATHER 179 Gladdy Ave  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Spartanburg  
(13) OCCUPATION Laborer  
(14) Number of children born to mother, including present birth 2

**MOTHER.**

(15) NAME BEFORE MARRIAGE Ruth Duke  
(16) PRESENT POSTOFFICE OF MOTHER Don't know  
(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 18 (Years)  
(19) BIRTHPLACE Pocahontas  
(20) OCCUPATION Housewife  
(21) 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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel Duke

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

NOTED  
C. W. Miller  
Deputy Registrar  
1916

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

(27) Filed June 1 1916 (28) Gas. Cooper  
Local Registrar

\*When there was no attending physician or midwife, even the father, householder, etc., should make this report. 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 INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH EXAMINING INK. 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. McCaw, of Columbia.