

Form No. 1.

(1) PLACE OF BIRTH -

County of Union

Township of Union

or

Inc. Town of

or

City of

(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

44914

Registration District No. 4207 Registered No. 112  
(For use of Local Registrar)

(2) Full Name of Child Thelma Bertha Sinclair

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (5) Are Parents Married? yes (7) DATE OF BIRTH Dec 13 1911  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Aubrey Sinclair  
(9) PRESENT POSTOFFICE OF FATHER R.F.D. #2 Union S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Union County  
(13) OCCUPATION Farmer  
(16) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Bertha Sinclair  
(15) PRESENT POSTOFFICE OF MOTHER R.F.D. #2 Union S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Union County  
(19) OCCUPATION Domestic  
(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 Union (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Christina Henderson (24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife 55 E. Main St.

Given name added from a supplemental report  
191  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) D. G. Garratt  
(27) Filed Dec 25 1911 Local Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH PENCILING IN—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.

\*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.