CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
87909

(1) PLACE OF BIRTH

County of York
Township of Catawba
or
Inc. Town of .....
or
City of .....

Registration District No. 4404 Registered No. 158
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child John C Chambers

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 1 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jay C Chambers

(9) PRESENT POSTOFFICE OF FATHER Edgemoor SC.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE SC.

(13) OCCUPATION Farm Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Marion McCollough

(15) PRESENT POSTOFFICE OF MOTHER Edgemoor SC

(16) COLOR OR RACE Negress (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE SC.

(19) OCCUPATION Laborer

(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 ..... (Born alive or stillborn) at 12:45 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Sterling

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed 11/4 1916 (28) J R Miller
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.