

(1) PLACE OF BIRTH

County of Greenville,

Township of

or
Inc. Town ofor Greenville, S. C.

City of

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

(2) Full Name of Child Rosa Mae ChainyFile No. - For State Register
42563CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 22 ARegistered No. 6125
(For use of Local Registrar)(No. 434 Ann St., St.; Ward)

{ 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

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec. 2nd, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roy Chainy(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE

Greenville, S. C.

(13) OCCUPATION

Boot Black

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Lee Boldens(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 16
(Years)

(18) BIRTHPLACE

Greenville, S. C.

(19) OCCUPATION

Housework

(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 alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1095 E. North St.

Given name added from a supplemental report

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

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