

(1) PLACE OF BIRTH

County of *Greenville*Township of *Butler*

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

90045

Registration District No. *2202*Registered No. *88*

(For use of Local Registrar)

(2) Full Name of Child *Tilda Ellen*

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *Twins*(5) Number in order of birth *7*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

12, 22, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tibias Allen

(9) PRESENT POSTOFFICE OF FATHER

Greer R 4

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Morris

(15) PRESENT POSTOFFICE OF MOTHER

Greer R 4

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* *8* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Greer R 4*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 10 1907*(28) *W. H. White M.D.* 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.

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