

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. USE ONE OF THE OTHERS, No. 1, THE OTHER, No. 2, etc. In question 1, FIRST-BORN, No. 1, THE OTHER, No. 2, etc.

(1) PLACE OF BIRTH

County of Greenville, S.C.

Township of

Inc. Town of

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

Not given

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

(a) SEX OF CHILD Boy	(b) TOP OF HEAD 2 1/2 inches	(c) HEAVY TO LIGHT Light	(d) SKIN White	(e) DATE OF BIRTH 8/24/28
FATHER.			MOTHER.	
(a) FULL NAME R. B. Carpenter			(a) FULL NAME Louise Caroten	
(b) PRESENT RESIDENCE OF FATHER Greenville, S.C.			(b) PRESENT RESIDENCE OF MOTHER Greenville, S.C.	
(c) COLOR OR RACE V	(d) AGE AT LAST BIRTHDAY 37	(e) COLOR OR RACE V		
(f) BIRTHPLACE Pickens Co. S. C.		(f) BIRTHPLACE Greenville, Co. S. C.		
(g) OCCUPATION Electrician			(g) OCCUPATION Housewife	
(h) Number of children born to mother, including present one 1			(h) Number of children of this mother 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was... **Alva** ... on **7.29** ... M., on the date above stated. (Day, date, and month) (Hour A. M. or P. M.)

(2) (Signature) **Alva S. Cook**

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife

Given name of child from a questionnaire

(5) Witness (Signature of Witness necessary only when question 1 is signed by mother)

(6) Date **Aug 28 1928**

(7) Local Registrar

When born, if in a hospital or institution, then the father, householder, etc., should make this return. If a child is born at home, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Fifth month of pregnancy