

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72909

(1) PLACE OF BIRTH

County of GreenvilleTownship of Austinor
Inc. Town ofor
City of

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

Registration District No. 2400Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child May Charter

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No

(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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Charter(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Cotton mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Carter(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeping(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 Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 5, 1916. (28) L. L. Richardson
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.