

PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
19579

Registration District No. 3500 Registered No. 34
 (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 Velma Rose 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 13 1932
 To be answered only in event of Twins or Triplets (Specify Month) (Day) (Year)

FATHER
 1) FULL NAME Lynard Rose
 2) PRESENT POSTOFFICE OF FATHER Townville
 3) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 36
 4) BIRTHPLACE Townville
 5) OCCUPATION Farmer

MOTHER
 14) NAME BEFORE MARRIAGE Estelle Eade
 15) PRESENT POSTOFFICE OF MOTHER Townville
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 29
 18) BIRTHPLACE Anderson
 19) OCCUPATION House Keeping

20) Number of children born to mother, including present birth 5 21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Eade (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife N.C.

(Given name added from a supplemental report)

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

Filed July 1 1932 at Greenville S.C. 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 be reported as born. No report is desired of stillbirths occurring after the fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING
 WHITE PLAINS, WITH ENVELOPE INK—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use a separate card for each child and mark the FIRST BORN No. 1 THE OTHER No. 2 etc. in question 5
 MARY McGUIRE, CLERK