

(1) PLACE OF BIRTH

County of

Township of

Inn. 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

(3) SEX OR CHILD	(4) Type of Infant	(5) Number in order of birth	(6) Age from month	(7) DATE OF BIRTH
Boy	To be recorded only in case of Twin or Triplet		90	Feb 8 1903

FATHER.		MOTHER.	
(8) FULL NAME	Thomas Liddle	(10) NAME BEFORE MARRIAGE	Doris Hall
(9) PRESENT RESIDENCE OF FATHER	Calhoun Falls, S.C.	(11) PRESENT RESIDENCE OF MOTHER	Calhoun Falls, S.C.
(12) COLOR OR RACE	negro	(13) COLOR OR RACE	negro
(14) BIRTHPLACE	S. C. Greenville Co.	(15) BIRTHPLACE	S. C. Greenville Co.
(16) OCCUPATION	Farmer	(17) OCCUPATION	Domestic
(18) Number of children born to mother, including present birth	3	(19) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was . . . alive . . . at 10 . . . P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) Since whether Physician or Midwife

(23) Address of Physician or Midwife

Given name, address, and occupation of witness

(24) Witness

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

(25) Signed

Feb 8 1903

(26)

H. C. Vance Local Registrar

If birth occurs in a hospital or other institution, then the father, householder, etc., should make this return. No report is desired of stillbirths before the sixth month of pregnancy.