

WHITE PLAINS, WITH FADING 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.

Form 5-6

(1) PLACE OF BIRTH

County of Greenville

Township of

OR
Inc. Town of

OR
City of Greenville

(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

22455

Registration District No. 73a

Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child

Lucius Andrew (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Boy

(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 3/31/1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Egnew Candace

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Greenville

(13) OCCUPATION Printer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Ross

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Greenville

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 M., on the date above stated. Hour A. M. or P. M.

(23) (Signature) J. H. Curry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6/10/12 (28) W. A. Williams 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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