

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of
or

City of

(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

90108

Registration District No. 2209Registered No. 593

(For use of Local Registrar)

(2) Full Name of Child.....

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

(3) BOY OR GIRL? F

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Dec 30 1916

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Hewell(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W.C.

(17) AGE AT LAST BIRTHDAY

(Years) 23(18) BIRTHPLACE N.C.(19) OCCUPATION Dressmaking

(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 born alive 3 h on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. W. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed Dec 30 1916

(28)

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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