

WRJ
M.H.
McGraw

A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN A, B, C, etc. in question 2.

CERTIFICATE OF BIRTH
County of *Greenville*
Township of *Cale Law*
City of

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

File No. — For State Registrar Only
43079

Registration District No. *4-1-1-5* Registered No. *61*
(For use of Local Registrar)
St. _____ Ward _____
If child is not yet named, make supplemental report as directed

Full Name of Child *Eula Dean*

Sex *girl* Age *2* Date of Birth *Dec 4, 1915*

FATHER
Franklin Dean
Belger R. H.
white *30*
S.C.
Farmer

MOTHER
NAME BEFORE MARRIAGE *Minnie Scott*
PRESENT POSTOFFICE OF MOTHER *Belger R. H.*
COLOR *white* AGE AT LAST BIRTHDAY *27*
PLACE *S.C.*
OCCUPATION *at home*

Number of children of this mother *2*

NAME OF ATTENDING PHYSICIAN OR MIDWIFE
Aline at *2* P.M.

State whether Physician or Midwife (25) Address of Physician or Midwife
Physician *Belger*

Given name added from a supplemental report

Witness
Local Registrar
N. G. Ross

*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.