

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of PrincetonInc. Town of PrincetonCity of Princeton

(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

42006

Registration District No. 2205Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Garrett Humbert

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth 1
To be answered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jul 28, 1914

(Name of Month) (Day) (Year)

(8) FULL NAME

Bass Humbert

(9) PRESENT POSTOFFICE OF FATHER

Princeton 182

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Greenville Co. S.C.

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

Laura Humbert

(15) PRESENT POSTOFFICE OF MOTHER

Princeton 182

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Farm Hand(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 at Princeton on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.) 1:00 P. M.(23) (Signature) Allen Nash(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Princeton 182

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jul 28, 1914

1914

(28)

C. D. Smith

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.

WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 1.—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.
 No. 2.—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.