

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Durbin
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64522

Registration District No. 2305 Registered No. 54
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Reuben Edgar DeLoach If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23</u> (Name of Month) (Day) 191 <u>1</u> (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Siency Lee DeLoach</u>			(14) NAME BEFORE MARRIAGE <u>Elena Brooks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hines Park S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hines Park S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Greenville Co</u>			(18) BIRTHPLACE <u>Greenville Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Dom</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Hines on the date above stated. (Hour A. M. or P. M.) 11 35 A.

(23) (Signature) J. H. DeLoach
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Hines Park S. C.

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 July 12 1911 (28) P. O. DeLoach 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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