

NOTE: IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		4262	
Township of		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>22A</u>		Registered No. <u>89</u>	
OR				(For use of Local Registrar)	
City of		(No. <u>607 Birnie</u> St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Alonge L. Tabor Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</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>Jan. 18, 22</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Alonge L. Tabor</u>			(14) NAME BEFORE MARRIAGE <u>Edith Hudgins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>W.</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>N.C.</u>		(18) BIRTHPLACE <u>N.C.</u>			
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Housewife</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>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was, <u>Alive</u> , at <u>9:10 P.</u> on the date above stated. (Born alive or stillborn. Hour, M., or P. M.)					
(23) (Signature) <u>Alvina E. Brown</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
		(25) Address of Physician or Midwife <u>Greenville</u>			
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19		(27) Filed <u>Feb. 21, 22</u> (28) <u>Ch. Smith</u> Local Registrar.			
..... 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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