

WRIT N. B.—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 3.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Granville</u></p> <p>Township of <u>Granville</u></p> <p>or</p> <p>Inc. Town of <u>Granville</u></p> <p>or</p> <p>City of <u>Granville</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p><b>CERTIFICATE OF BIRTH</b></p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><u>43047</u></p>
<p>(2) Full Name of Child</p> <p><u>John R. Resene</u></p>		<p>Registered No. <u>1</u></p> <p>(For use of Local Registrar)</p>	<p>St. <u>1</u> Ward <u>1</u></p>	
<p>(3) BOY OR GIRL? <u>Y</u></p>	<p>(4) Twin or Triplet? <u>N</u></p> <p><small>Is to be answered only in case of twins or triplets</small></p>	<p>(5) Number in order of birth <u>1</u></p>	<p>(6) Are Parents Married? <u>Y</u></p>	<p>(7) DATE OF BIRTH <u>Dec. 26 3-</u></p> <p><small>(Name of Month) (Day) (Year)</small></p>
<p>FATHER.</p> <p>(8) FULL NAME <u>John R. Resene</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Granville</u></p> <p>(10) COLOR OR RACE <u>W</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>24</u></p> <p><small>(Years)</small></p> <p>(12) BIRTHPLACE <u>Granville</u></p> <p>(13) OCCUPATION <u>Farmer</u></p>		<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>John R. Resene</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Granville</u></p> <p>(16) COLOR OR RACE <u>W</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>24</u></p> <p><small>(Years)</small></p> <p>(18) BIRTHPLACE <u>Granville</u></p> <p>(19) OCCUPATION <u>Farmer</u></p>		
<p>(20) Number of children born to mother, including present birth <u>1</u></p>		<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>		
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b></p> <p>(22) I hereby certify that I attended the birth of this child <u>and was</u> <u>born alive or stillborn</u> <u>at</u> <u>Granville</u> <u>Hour A. M. or P. M.</u> <u>11</u> <u>St.</u> <u>1</u> <u>Ward</u> <u>1</u></p> <p>(23) (Signature) <u>John R. Resene</u></p> <p>(24) State whether Physician or Midwife <u>Physician</u></p> <p>(25) Address of Physician or Midwife <u>Granville</u></p>				
<p>Given name added from a supplemental report</p> <p>191 <u>1911</u></p> <p>Registrar <u>John R. Resene</u></p>		<p>(26) Witness <u>John R. Resene</u></p> <p><small>(Signature of Witness necessary only when question 23 is signed by mark)</small></p> <p>(27) Filed <u>1911</u> (28) <u>1</u> Local Registrar <u>John R. Resene</u></p>		
<p>*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.</p> <p>Registrar <u>John R. Resene</u> Local Registrar <u>John R. Resene</u></p>				
<p>*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.</p>				

N. B. McCaw