

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

66569

County of 20th Dist.

Bureau of Vital Statistics

State Board of Health

Township of 21st Dist.Inc. Town of ..... Registration District No. 4341 Registered No. 281  
(For use of Local Registrar)City of ..... (No. .... 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 Ella ... { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 1906  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Jacob ... (14) NAME BEFORE MARRIAGE Pella ...(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21  
(Years) (Years)(12) BIRTHPLACE W. ... (18) BIRTHPLACE W. ...(13) OCCUPATION Householder (19) OCCUPATION Householder(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) E. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Greenville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 1 1906 (28) E. ... 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.

WRAP TIGHTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 2.