

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of

or
City of Greenville

(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

10-11

Registration District No. 2209

Registered No. 1000
(For use of Local Registrar)

(2) Full Name of Child

Gladye Arden

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 26
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

B. F. Arden

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

merch ant

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

1

(14) NAME BEFORE MARRIAGE

Gladye Arden

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

house wife

(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, on the date above stated.

was born 2:35 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State of other Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

June 29 1916

Greenville
Reg. 6 photo Registrar

(26) Witness

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

(27) Filed

1916

(28)

at 7 m

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

MARGIN RESERVED FOR PENDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
McKay of Columbia.