

(1) PLACE OF BIRTH

County of

Greenville

Township of

or

Inc. Town of

or

City of

(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

4368

Registration District No.

2209A

Registered No.

50

(For use of Local Registrar)

(2) Full Name of Child

Mary Elizabeth

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

G.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 26, 1927

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. Bright

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Kilpatrick

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Idaho

(19) OCCUPATION

Domestic

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

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *12:00* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) of

A. H. Mackey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Greenville S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Date

(28) *A. H. Mackey*

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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