

(1) PLACE OF BIRTH

County of FlournoeTownship of Mattoor
Inc. Town ofor
City of Charlotte R.C.(No. St.; Ward)
(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

42445

Registration District No. 20th Registered No. 131
(For use of Local Registrar)(2) Full Name of Child Arthur Roland M. E. E. E. not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28 1929
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry M. M. E. E.(9) PRESENT POSTOFFICE OF FATHER Charlotte R.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Flournoe Co.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie O. E. E.(15) PRESENT POSTOFFICE OF MOTHER Charlotte R.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Flournoe Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Flournoe Co. M., on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/24 1923 (28) W. S. H. H. 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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