

(1) PLACE OF BIRTH
County of Greenville
Township of Durkin
OR
Inc. of Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16332

Registration District No. 2205 Registered No. 7
(For use of Local Registrar)
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 Broadus Eugene Alverson, If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 20 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Edd. Alverson
(9) PRESENT POSTOFFICE OF FATHER Princeton, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Grille Co-Durkin Township
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 11

(14) NAME BEFORE MARRIAGE Nancy Jane Griffin
(15) PRESENT POSTOFFICE OF MOTHER Princeton, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE Grille Co-Durkin Township
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Knight, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

R# 5 - Stonea Park S.C.

Given name added from a supplemental report

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

(27) Filed Jan 25 1916 (28) D. J. Smith 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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Form 16, 10.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Caw. of Columbia.