

Form No. 3

PLACE OF BIRTH

City of Greenville  
County of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

48267

Registration District No. 2-206 Registered No. 16  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

SEX OR RELATIONSHIP (1) Male (4) Twin or Triplet? 1 (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 2 1916  
(Name of Month) (Day) (Year)

FATHER.  
FULL NAME Bud Avery  
PRESENT POSTOFFICE OF FATHER Summerville  
COLOR OR RACE W. G. (11) AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Greenville County  
OCCUPATION Farmer  
Number of children born to father, including present birth 10

MOTHER.  
(14) NAME BEFORE MARRIAGE Monnie Brewster  
(15) PRESENT POSTOFFICE OF MOTHER Summerville  
(16) COLOR OR RACE W. G. (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Greenville County  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at Summerville on the date above stated. (Hour A. M. or P. M.) 7 A. M.

(23) (Signature) John W. ...  
(24) State name of Physician or Midwife (25) Address of Physician or Midwife Summerville

Name added from a supplemental report  
..... 191.....  
Registrar

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

(27) Filed Mar 10 1916 (28) J. B. Tucker Local Registrar

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

Registrar Only

Registrar  
Ward  
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directed

9 1916  
ay) (Year)

Summerville

S. C.

40  
(Years)

9 M.,  
or P. M.)

John W. ...  
or Midwife

M. O.  
Registrar

return. If  
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