

Form No. 3

PLACE OF BIRTH

City of Greenville
County of Greenvilleor
Town of
or

of

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

Full Name of Child

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)(4) Twin or Triplet? 1 (5) Number in order of birth 10 (6) Are Parents Mixed (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 Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Greenville County
OCCUPATION Farmer
Number of children born to father, including present birth 10MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Brewster
(15) PRESENT POSTOFFICE OF MOTHER Summerville
(16) COLOR OR RACE Negro (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 at Summerville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John W. White (24) State of South Carolina (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

When there was no attending physician or midwife, then the father, householder, 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
ber.)
ed, make
directed9, 1916
ay) (Year)

Summerville

S.C.

40

(Years)

9...M.,
or P. M.)

Midwife

M.D.
Registrarreturn. If
ore the