

(1) PLACE OF BIRTH  
County of Greene  
Township of Greene  
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

26043

Registration District No. 2013 Registered No. 8  
(For use of Local Registrar)  
City of ..... St.; ..... W rd)  
(No. ....)

(2) Full Name of Child. Erons { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 29 1912  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(3) FULL NAME M. Thos. Erons

(14) NAME BEFORE MARRIAGE Ole Erons

(9) PRESENT POSTOFFICE OF FATHER Kingsburg

(15) PRESENT POSTOFFICE OF MOTHER Kingsburg

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 3

(21) Number of children of this mother now living, including present birth { 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Johnson

Given name added from a supplemental report

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

(27) Filed Aug 11 1912 (28) W. K. Jackson 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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