

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of Beaufort

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No. St. Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George H. ...

(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie ...

(15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:35 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. C. H. ...

(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 Jan 18 1916 (28) H. F. ... 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.

Registrar

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