

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) 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

42746

Registration District No. 2709

Registered No. 418

(For use of Local Registrar)

St.; (Ward)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12 / 3 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Laurens Merritt

(9) PRESENT POSTOFFICE OF FATHER

Granville RFD 7

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

10

## MOTHER

(14) NAME BEFORE MARRIAGE

Mellie McNeely

(15) PRESENT POSTOFFICE OF MOTHER

Granville RFD 7

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

41

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

J. H. Mock

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Granville SC.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Dec 3, 1912

(28)

Thos. M. ...

(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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