(1) PLACE OF BIRTH

County of Pickens

Township of Easley

or

Inc. Town of Easley S.C.

or

City of ..... (No. ..... St.; ..... Ward)

(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: 4910

Registration District No. 37-2

Registered No. 26
(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			yes	Feb 6 1920

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Alonzo J Pittman	(14) NAME BEFORE MARRIAGE: Carrie E. Anderson
(9) PRESENT POSTOFFICE OF FATHER: Easley S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Easley S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 30 (Years)	(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Greenville S.C.	(18) BIRTHPLACE: Anderson Co
(13) OCCUPATION: Farmer	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 4	(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ....alive.... (Born alive or stillborn) at 6 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C M Tripp M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Easley S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 8 1920 (28) J. F. Pratt
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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