

1. In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of

OR

Inc. Town of

OR

City of Reddon

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38649

Registration District No. 24 Registered No. 388

(For use of Local Registrar)

(2) Full Name of Child Dorothy Mae Upchurch child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age at Birth

(7) DATE OF BIRTH

Mar. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lee Upchurch

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

N.

(11) AGE AT LAST BIRTHDAY

25
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Major's

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

N.

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

Levinston, S.C.

(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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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

Mar. 29, 1922

(28)

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.