

(1) PLACE OF BIRTH

County of Greenville

Township of

Ex. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

4050

Registration District No. 2009 Registered No. 12

(For use of Local Registrar)

(No. Laurens Road) (Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby Templeton If child is not yet named, make supplemental report as directed3) SEX OR NAME Girl 4) TIME OF BIRTH To be correctly to exact of Time or Triplet 5) AGE AT LAST BIRTHDAY 43 6) DATE OF BIRTH Feb 14 1933 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME L. M. Templeton 9) PRESENT RESIDENCE OF FATHER Laurens Road Greenville S.C. 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 39 12) BIRTHPLACE Fountain, Tenn. S.C. 13) OCCUPATION Salesman 14) NAME BEFORE MARRIAGE Mary Templeton 15) PRESENT RESIDENCE OF MOTHER Laurens Road Greenville S.C. 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 34 18) BIRTHPLACE Fountain Tenn. S.C. 19) OCCUPATION House Wife 20) Number of children born to mother, including present birth 2 21) Number of children of the father, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated. (Born alive or still born) (Hour, M. or P. M.)(23) (Signature) A. C. Watson (24) Name of Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

(When name above given a supplemental report) (Signature of Witness necessary only when question 23 is signed by mark)

When there was no attendance by a physician or midwife, the father, mother, etc. should make the report. If a child breathes even once it is considered as born. The report is desired of stillborn and of children born in the month of pregnancy.