

F BIRTH

Greenville

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

File No.—For State Registrar Only
18733

Registration District No. 1.2.A Registered No. 296
(For use of Local Registrar)

(No. 111 Atwood St St.; 1 Ward)
If child is not yet named, make supplemental report as directed

h occurs in a hospital or other institution, give name of same instead of street and number.)
Name of Child Clarence Henry

(4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16, 1912
(Name of Month) (Day) (Year)

FATHER.
7 us only
Greenville S.C.
white (11) AGE AT LAST BIRTHDAY 29 (Years)
us Co S.C.
merchants
Born to present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Larsh Dibble
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Tenn.
(19) OCCUPATION H. wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I certify that I attended the birth of this child, who was alive at 2 A.M.,
the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife

ded from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 18, 1912 (28) W. C. Smith Local Registrar

as no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

ld breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(1) PLACE OF BIRTH

County of

Township of

or

In Township 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

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)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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

(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.