

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of

or
City of Greenville

(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

49096

Registration District No. 2207 Registered No.

(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? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>22</u> <u>22</u> <u>1925</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Widow</u>	(14) NAME BEFORE MARRIAGE <u>Paul Thaxter</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years) <u>18 yrs</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Green S.C.</u>
(13) OCCUPATION	(19) OCCUPATION <u>None</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature Chas. B. Bates (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 10 P. M.

Given name added from a supplemental report

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

(27) Filed 3 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR PENDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCall, of Columbia.