

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
79576

County of Union STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Township of Wettersville State Board of Health

Inc. Town of Registration District No. 4901 Registered No. 39
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Verona Beatrice West If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 11 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Herbert West
(9) PRESENT POSTOFFICE OF FATHER Pauline 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE A.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Beatrice West
(15) PRESENT POSTOFFICE OF MOTHER Pauline 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE A.C.
(19) OCCUPATION Domestic
(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 at 6 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 9 Green Spring

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 16 1916 (28) W. Boyd Luccock 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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WHEN FATHER, MOTHER, TWIN OR TRIPLET, OR CHILD IS A FOREIGNER, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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 1.
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