

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91464

(1) PLACE OF BIRTH

County of Pickens

Township of

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.)

Registration District No. 25ARegistered No. 358

(For use of Local Registrar)

(No. 1927 Greenville St.; Ward)

St.; Ward)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Frank Patrick Jr.(3) SEX OR GIRL? Male

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 9 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Patrick(9) PRESENT POSTOFFICE OF FATHER 1927 Greenville(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Butcher(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Watson(15) PRESENT POSTOFFICE OF MOTHER 1927 Greenville(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Chas. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:20 P.M. (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.(23) (Signature) Mary L. Hampton(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1224 Henderson

Given name added from a supplemental report

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

(27) Filed Dec. 11 1916

(28)

Local Registrar

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.