

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of

or

City of

(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

9407

Registration District No. 4207 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Earle Buddette child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 24 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alvin Le Roy Buddette

NAME BEFORE MARRIAGE

Dean Middleton

(9) PRESENT POSTOFFICE OF FATHER

Greer S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Greer S.C.

(18) BIRTHPLACE

Hudson Co. N.C.

(13) OCCUPATION

Ice Manufacturer

(19) OCCUPATION

Housewife

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

Dean

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

Dean

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 1 P. M. on the date above stated.

(23) (Signature)

Physician

(24) Whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Union S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) FILED

4-10-12

(28) 1912

(29)

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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