

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only.

90107

Inc. Town of Registration District No. 2209 Registered No. 392
 or
 City of St. Rose Home (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? F (4) Twin or Triplet? (5) Number in order of birth (6) Are Father and Mother married? No (7) DATE OF BIRTH Dec 29 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Luella Waldrop
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. M. Burnett
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report

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

(27) Filed Dec 30 6 1916 (28) A. H. Mason 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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