

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.

(1) PLACE OF BIRTH
County of Greenville STATE OF SOUTH CAROLINA.
Township of Greenville Bureau of Vital Statistics
or Inc. Town of Registration District No. 2209 State Board of Health
or City of Union Springs (No. 202 Church) Registered No. 552
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)
(2) Full Name of Child. Wm Perry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>In be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11 15 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. A. Ayers</u>			(14) NAME BEFORE MARRIAGE <u>Bulson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>N.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Mill Operative</u>		(19) OCCUPATION <u>Wife</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 at 11:20 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Bulson

(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Greenville, S.C.

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

..... 191....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) One 6 6 a 74 Mackley

(27) Filled 191 6 (28) Local Registrar

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