

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

Inc. Town of  
OR

City of .....

(No. .... St.; .... Ward)  
(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

64671

Registration District No. 2310Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child. Jim Louder

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 2(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Louder(9) PRESENT POSTOFFICE OF FATHER Pinety Six S. C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Cora Louder(15) PRESENT POSTOFFICE OF MOTHER Pinety Six S. C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Astorion

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 46 S. C.

Given name added from a supplemental report

(26) Witness

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

J. M. Turner 191 6  
Registrar

(27) Filled

191 6

(28)

J. M. Turner  
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.

NEARLY ALL BIRTHS SHOULD BE REGISTERED IN A "BIRTH-BOOK" IN THE HOME. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.