

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. 1227 Meadow St.; 3 Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52280

Registration District No. 22 A Registered No. 117

(For use of Local Registrar)

## 2) Full Name of Child

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 14</u> 191 <u>6</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luddie Pettit(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Domestic Labor(16) Number of children born to mother, including present birth { 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Amie Lee Talley(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. L. L. Talley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Sarah Talley (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 29 1916 (28) C. E. Smith 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.