

K. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of
or
City of Greenville

(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

43063

Registration District No. 2-2-9 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Frederick C. Hor. Bulley Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth

(to be answered only in case of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 12 3 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick C. Bulley

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 21
(Year-)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Clerk

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Rice

(15) PRESENT POSTOFFICE OF MOTHER Idem

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Idem

(19) OCCUPATION housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Greenville S.C., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

191

(28)

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.

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.