

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of .....

(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

74768

Registration District No. 4003 Registered No. 75

(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? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 12 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Conway Price

(9) PRESENT POSTOFFICE OF FATHER

Enoree S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

Lancaster

(13) OCCUPATION

Price Operating

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Gertie Hill

(15) PRESENT POSTOFFICE OF MOTHER

Enoree S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

Abington Pa.

(19) OCCUPATION

Housewife

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

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Green

(24) State whether Physician or Midwife Physician

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(28)

C. Hanna

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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