

N. B.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville S.C.</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		90000	
Township of .....		Registration District No. <u>22 A</u>		Registered No. <u>511</u>	
or Inc. Town of .....		(No. <u>503</u> <u>Carb Ave</u> St.; <u>2nd</u> Ward)		(For use of Local Registrar)	
City of .....		(if birth occurs in a hospital or other institution, give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Ray Ernest Deere</u>					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>2</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 14</u> , 19 <u>14</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ernest Deere</u>			(14) NAME BEFORE MARRIAGE <u>Effie Pollard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Dalton N.C.</u>			(18) BIRTHPLACE <u>Pumpkinville S.C.</u>		
(13) OCCUPATION <u>Foreman for Piper Roofing Co.</u>			(19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>two</u>			21) Number of children of this mother now living, including present birth <u>two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:30</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether <u>Physician</u> or <u>Midwife</u>					
(25) Address of Physician or Midwife .....					
Given name added from a supplemental report .....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>		
19 .....			(27) Filed <u>Jan 6</u> , 19 <u>17</u> (28) <u>[Signature]</u> 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.