

(1) PLACE OF BIRTH

County of GreenvilleTownship of Butleror
Inc. Town ofor
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

49-35

Registration District No. 2267Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth —

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 11
(Name of Month) (Day) (Year)

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

(8) FULL NAME Clarence Guen(9) PRESENT POSTOFFICE OF FATHER Greenville R⁷ 8(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth { 2(14) NAME BEFORE MARRIAGE Maude Hudson(15) PRESENT POSTOFFICE OF MOTHER Greenville R⁷ 8(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Housewife(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 6:45 A. M.,
on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) W. W. Holt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville R⁷ 8

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/8 1916(28) W. W. Holt

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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N. H. — 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.

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