

(1) PLACE OF BIRTH

County of Greenville
Township of Paris St,
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43096

Registration District No. 2214 Registered No. 51
(For use of Local Registrar)
St. _____ Ward _____

(2) Full Name of Child Charles F. Stockton
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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 5th 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Daniel Columbus Stockton
(9) PRESENT POSTOFFICE OF FATHER R.F.D. #4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(12) BIRTHPLACE Travellers Rest, S.C.

MOTHER.
(14) NAME BEFORE MARRIAGE Lazoe Grace Stockton
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE David Co F.C.

(13) OCCUPATION Farmer

(19) OCCUPATION At Home
(21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report
Joe L.B. 1915
John B. Hyster
Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 7 1915 (28) John B. Hyster
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.

Registrar I

LOCAL REGISTRAR

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WRITE IN CASE OF TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD FIRST-NUMBERS, No. 1, THE OTHER, No. 2, etc., in question 5.