

(1) PLACE OF BIRTH

County of

Greenville

Township of

Oak Grove

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

64589

Registration District No. 2212

Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child.

Roy

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

(3) BOY OR GIRL?

GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 26

1916

To be answered only in case of Twins or Triplets

(None of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William H. Pitts

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Manley

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Physician W. A. Ross

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rely on 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 by mark)

(27) Filed

June 1916

(28)

W. A. Ross

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.

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.