

(1) PRON OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

7077

County of Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or
Inc. Town of

or
City of

Registration District No. 22

Registered No. 1

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child..... If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 6 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. G. Howell

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Lurie

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 5:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

..... 101

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed June 10 1903 (28) J. Bell Local Registrar

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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