

MADE EXACTLY, 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.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46361

Township of

Greenville

or

Inc. Town of

Mill Mill

Registration District No.

2209

Registered No.

11

(For use of Local Registrar)

City of

(No.

4800 St.

St.;

Ward)

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

(2) Full Name of Child.

Joe Lewis

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 9, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. B. Blotome

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Mill Operator

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Clarke

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born

at

12

M., (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Dr. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

City

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Jan 17 1916

(28)

A. J. Mackey

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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