

(1) PLACE OF BIRTH

County of GreenvilleTownship of Oak Lawn

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

90138

Registration District No. 2122 Registered No. 64

(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 10(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 1 1914

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Villard

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm hand

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Sophie Martin

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. D. Villard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGreenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 1 1914

(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.

WRITER 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.
McCauley, of Columbia.