

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of

or
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

85822

Registered No. 539

(For use of Local Registrar)

Registration District No. 2209

St. S. H. Brown Home

Ward

(2) Full Name of Child.....

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

(3) BOY OR GIRL? M.

(4) Twin or Triplet? No

(To be answered only in event of twins or triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 12 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Brown

(24) State whether Physician or Midwife physician

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Nov 30 1906 (28) A H Mackay 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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WANTED PLACES, A. C. McCAFFREY, REGISTRAR, GREENVILLE, S. C. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5, McCaffrey of Columbia.