

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

21069

County of

Township of

or
Inc. Town of

Registration District No. 22A

Registered No. 390

(For use of Local Registrar)

City of Greenville, S.C.

(No. 414 Mulberry 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

If child is not yet named, make
subsequent report as directed(3) BOY OR
GIRL(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) BIRTH
(Name of Month) (Day) (Year)(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(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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 1:30 P.M. on the date above stated. (Born alive or stillborn) (A. M. or P. M.)

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

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mother)

(27) Date July 11, 1925

(28) C. E. Smith
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.