

(1) PLACE OF BIRTH

County of Greenville
Township of Chick
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 90065 For State Registrar Only

Registration District No. 2204 Registered No. 134
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
No. _____ St. _____ Ward _____

(2) Full Name of Child Emily Dean Pittman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 5
To be answered only in event of Twins or Triplets.

(6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 8 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Watson Pittman

(14) NAME BEFORE MARRIAGE Cecil McCracken

(9) PRESENT POSTOFFICE OF FATHER Green S.C.

(15) PRESENT POSTOFFICE OF MOTHER Green S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Greenville Co S.C.

(18) BIRTHPLACE Luswood Co N.C.

(13) OCCUPATION Mill Work

(19) OCCUPATION House Work

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Marshall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green S.C.

Given name added from a supplemental report
191...
Registrar

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

(27) Filled Jan. 17 1917 (28) F. G. James 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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