

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Chick*

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. *90065* For State Registrar Only

Registration District No. *2204*Registered No. *134*

(For use of Local Registrar)

(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*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) 191*2* (Year)**FATHER.**

(8) FULL NAME

*Dutton Pittman*

(9) PRESENT POSTOFFICE OF FATHER

*Green S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE

*Greenville Co S.C.*

(13) OCCUPATION

*Mill Work*

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

*Five***MOTHER.**

(14) NAME BEFORE MARRIAGE

*Cenil McCracken*

(15) PRESENT POSTOFFICE OF MOTHER

*Green S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE

*Upwood Co N.C.*

(19) OCCUPATION

*House Work*

(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) *Ad. J. Marchant*

(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* 191*2*

(28)

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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