

N. D.—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.

N. Caw. of Columbia

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of
or
City of Greenville (No. St. Ward)
(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
85834

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 9 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME A. H. Ayers
(9) PRESENT POSTOFFICE OF FATHER Greenville South
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Ga
(13) OCCUPATION Sec. Foreman on R.R.
(20) Number of children born to mother, including present birth { 2

MOTHER.
(14) NAME BEFORE MARRIAGE Campbell
(15) PRESENT POSTOFFICE OF MOTHER Greenville South
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 at 1230 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville 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) Signed [Signature] (28) A. J. 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 first month of pregnancy.

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