

N. B.—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.

(1) PLACE OF BIRTH
County of Greenville
Township of Bates
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64479

Registration District No. 2201 Registered No. 29
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of _____ St.; _____ Ward

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 7th</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Harvey Alex. Southerlin
(9) PRESENT POSTOFFICE OF FATHER R.E.D.#4 Travellers Rest, S.C.
(10) COLOR white OR RACE (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Greenville Co., S.C.
(13) OCCUPATION R.F.D. Carrier

MOTHER.
(14) NAME BEFORE MARRIAGE Myrtle Daisy Hogsd
(15) PRESENT POSTOFFICE OF MOTHER same
(16) COLOR white OR RACE (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Transylvania Co N.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { <u>5</u>	(21) Number of children of this mother now living, including present birth { <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles P. H.

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

M.D. Travellers Rest, S.C.

Given name added from a supplemental report.

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

(27) Filed June 1916 (28) D. E. C. Stender 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.