

(1) PLACE OF BIRTH

County of Greenville
Township of Dales

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

File No.—For State Registrar Only

90033

Inc. Town of Registration District No. 2201 Registered No. 82
(For use of Local Registrar)
City of 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 Gladya May Amick } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 30 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Charlie Lee Amick
(9) PRESENT POSTOFFICE OF FATHER Travelers Rest S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Reidsfordton S.C.
(13) OCCUPATION Blocksmith
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Nettie Mabry
(15) PRESENT POSTOFFICE OF MOTHER Travelers Rest S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Spontenberg S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Benson, M.D.
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Travelers Rest 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) Filed Dec 30 1916 (28) W. E. C. Staniel 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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