

(1) PLACE OF BIRTH

County of Greenville
 Township of Fairview
 OF
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28545

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

City of (No. 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

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (2) Twin or Triplet ✓ (3) Number in order of birth 1 (4) Are Parents Married yes (5) DATE OF BIRTH Sept. 2, 25
 To be answered only in event of Twin or Triplet (Name (Month) (Day) (Year))

FATHER.

(6) FULL NAME Francis Huron Stuart(7) PRESENT POSTOFFICE OF FATHER Fontaine In S.C.(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 21
 (Year)(10) BIRTHPLACE S.C.(11) OCCUPATION Farmer(12) Number of children born to mother including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Josephine Melpay(14) PRESENT POSTOFFICE OF MOTHER H. In S.C.(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 25
 (Year)(17) BIRTHPLACE S.C.(18) OCCUPATION House(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 4 P.M.
 on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(21) (Signature) J. W. Thompson (22) Address of Phys. or Midwife
 (23) State whether Physician or Midwife Physician H. In S.C.

Given name added from a supplement-
 al report

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

(25) Filed 19 (26) 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.