

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

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.—For State Registrar Only

42745

Registration District No. 2409B Registered No. 419

(For use of Local Registrar)

(No. 27-3 - Uman St.; Woodside Ward)

(2) Full Name of Child

Latorus

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 3, 1942</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Brooks E. Latorus</u>			(14) NAME BEFORE MARRIAGE <u>Naomie Gray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>College Mill Oper.</u>			(19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. S. J. J. J. J. J.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec. 3, 1942

(19 2425)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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