

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Ashton  
 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  
**56027**

Registration District No. 2200 Registered No. 04  
 (For use of Local Registrar)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(1) 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>April 4</u> (Name of Month) (Day) (Year)
FATHER'S			MOTHER'S	
(8) FULL NAME <u>Larkin Durham</u>			(14) NAME BEFORE MARRIAGE <u>Lena Crumby</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. R.F.D. #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. R.F.D. #4</u>	
(10) COLOR OF RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Solar</u>			(18) BIRTHPLACE <u>Solar</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>2</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 Alvin, at Greenville S.C. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. R. B. Black  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name called doctor a supplemental report

(26) Address Dr. R. B. Black  
 (27) Address of Physician or Midwife Dr. R. B. Black  
 (28) Address of Physician or Midwife Dr. R. B. Black

\*When there was no attending physician or midwife, the father, mother, etc., should make this report. If a child dies before seven years of age, make supplemental report as required. No report is required for stillborns before the child reaches 72 hours of life.

MARGIN REMOVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

McGraw-Hill of Columbia