

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 5.
Caw. of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township 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

64553

Registration District No. 2209

Registered No. 794

(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parent Married?

(7) DATE OF BIRTH June 6 1916
(Name of Month) (Day) (Year)

(8) FULL NAME

Willie C. Pettit

(9) PRESENT POSTOFFICE OF FATHER

B8 Block

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Mill

(20) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

Essie Chopman

(15) PRESENT POSTOFFICE OF MOTHER

same

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY 49
(Years)

(18) BIRTHPLACE

D.C.

(19) OCCUPATION

house

(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 4:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 16 1916

(28)

A. H. M. McKelvey

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.

*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.