(1) PLACE OF BIRTH

County of Greenville

Township of Oak Lawn

or

Inc. Town of ..... Registration District No. 22 Registered No. 2

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(For use of Local Registrar)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43081

(2) Full Name of Child Wm. Howard

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy		3	Yes	Dec 11, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Alonzo Avery	(14) NAME BEFORE MARRIAGE	Lillie Brice
(9) PRESENT POSTOFFICE OF FATHER	Pelzer & C	(15) PRESENT POSTOFFICE OF MOTHER	Pelzer & C
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Greenville County	(18) BIRTHPLACE	Greenville County
(13) OCCUPATION	Labourer	(19) OCCUPATION	Douche
(20) Number of children born to mother, including present birth	3	(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 Male at 2 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Wende

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer & 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 1915 (28) [illegible] 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.

Registrar

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.

WRI

N. B. McCaw, of Columbia

McCaw.

*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.