

WRITE 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.

(1) PLACE OF BIRTH

County of Greenville
Township of Oneal
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
43089

Registration District No. 2213 Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child Mildred Stokes St.; Ward;
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1st
(6) Are Parents Married? yes (7) DATE OF BIRTH June 5 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alexander Stokes
(9) PRESENT POSTOFFICE OF FATHER Taylorboro S.C. #1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Farm work
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Ella Forrester
(15) PRESENT POSTOFFICE OF MOTHER Taylorboro S.C. #1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Greenville Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Forrester
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife
Physician Taylorboro S.C. #1

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 June 4 1915 (28) Robert W. Myers 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 | Local Registrar.
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