

(1) PLACE OF BIRTH

County of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4070

Township of Wachata

or

Inc. Town of GreenvilleCity of Greenville

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

Registration District No. 2209ARegistered No. 40

(For use of Local Registrar)

(2) Full Name of Child. Elbert Anderson Christy 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 case of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION See title work(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mathewine Jewel(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born 10:20 P M. (If not alive at stillborn) (How A. M. or P. M.)

on the date above stated.

(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only if question 23 is signed by mother

(27) Filed 10122

Registrar

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

fifth month of pregnancy.