

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only

26481

Registered No. 113
(For use of Local Registrar)3. BOY OR
GIRL?4. Twin
or Triplet?5. Number in
order of birth6. Are
Parents
Married?7. DATE OF
BIRTH May 29, 1925
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

8. FULL
NAME14. NAME BEFORE
MARRIAGE9. PRESENT
POSTOFFICE
OF FATHER15. PRESENT
POSTOFFICE
OF MOTHER10. COLOR
OR
RACE11. AGE AT LAST
BIRTHDAY 32
(Years)16. COLOR
OR
RACE17. AGE AT LAST
BIRTHDAY 31
(Years)

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to
mother, including present birth21. Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... at 5:25 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. Blake

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Greenville, S. C.

Give name added from a supplement-
tal report

(26) Witness

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

(27) Filed

(28)

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.If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
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