

(1) PLACE OF BIRTH

County of Greenville
 Township of Rutherford
 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
4006

Registration District No. 2202 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL Girl 4) Twin or Triplet? No
 5) Number in order of birth 1
 To be answered only in event of Twin or Triplet

FATHER.
 6) FULL NAME R. B. Hewitt
 7) PRESENT POSTOFFICE OF FATHER Greenville, S. C.
 8) COLOR OR RACE White
 9) BIRTHPLACE S. C.
 10) OCCUPATION Farmer

11) AGE AT LAST BIRTHDAY 26
 (Year) 1905

12) Number of children born to mother, including present birth 3

6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 25, 1905
 (Name of Month) (Day) (Year)

MOTHER.
 14) NAME BEFORE MARRIAGE Emma Moore
 15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
 16) COLOR OR RACE White
 17) BIRTHPLACE S. C.
 18) AGE AT LAST BIRTHDAY 30
 (Year) 1905
 19) OCCUPATION Domestic

20) 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 alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James J. Bell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville, S. C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Mar 6, 1905

1905

(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.