

(1) PLACE OF BIRTH

County of GreenvilleTownship of 66Inc. Town of GreenvilleCity of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4083

Registration District No. 2209 Registered No. 53
(For use of Local Registrar)City of Greenville (If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Robert Curtis Stone If child is not yet named, make supplemental report as directed1) SEX Boy 2) Twin or triplet? No 3) Number in order of birth 1
(To be answered only in event of twins or triplets)4) Are Parents Married? Yes7) DATE OF BIRTH Feb. 1, 1913
(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME Carl Stone2) PRESENT POSTOFFICE OF FATHER CG3) COLOR W 4) AGE AT LAST BIRTHDAY 32
(Years)5) RACE W 6) BIRTHPLACE N. Ga.7) OCCUPATION Carpenter8) Number of children born to father, including present birth 1

MOTHER.

10) NAME BEFORE MARRIAGE Mary Smith11) PRESENT POSTOFFICE OF MOTHER CG12) COLOR W 13) AGE AT LAST BIRTHDAY 27
(Years)14) BIRTHPLACE S. C.15) OCCUPATION sewer line16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was white 5 a M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Dr. H. H. H. (24) State whether Physician or Midwife: Physician (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 marks)

(27) Date Feb. 1, 1913 (28) Registrar Thos. M. H.

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.

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