

(1) PLACE OF BIRTH

City of GreenvilleTownship of Camden

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18590

Registration District No. 2004 Registered No. 31
(For use of Local Registrar)(No. St. Ward)
If child is not yet named, make supplemental report as directed2 Full Name of Child Elizabeth Ann(1) SEX OR CHILD? (2) Twin or Triplet? (3) Number in order of birth
Is to be answered only in case of twins or triplets(4) Are Parents Married? Yes(5) DATE OF BIRTH 12/16/1912
(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME

(7) RESIDENCE

(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 3
(Years)

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children of this mother now living, including present birth 6

MOTHER

(13) NAME BEFORE MARRIAGE Elizabeth Ann(14) PRESENT POSTOFFICE OF MOTHER Seneca(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 5
(Years)

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23 I hereby certify that I attended the birth of this child, who was born alive at Seneca (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. C. Hill (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 1 1913 (28) W. H. C. Hill 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.

(29) W. H. C. Hill Local Registrar

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