

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		34722	
Township of <u>.....</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>.....</u>		Registration District No. <u>2210</u>		Registered No. <u>1</u>	
or				(For use of Local Registrar)	
City of <u>.....</u>		(No. <u>.....</u> St.; <u>.....</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Lundy</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>.....</u>	(4) Twin or Triplet? <u>.....</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>.....</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>.....</u> 19 <u>.....</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Walter Cole</u>			(14) NAME BEFORE MARRIAGE <u>Walter Cole</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Reids S.C. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Reids S.C. #3</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>.....</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>.....</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>.....</u> at <u>.....</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>.....</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Reids S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>.....</u>		
..... 19 <u>.....</u> Registrar			(27) Filed <u>.....</u> 19 <u>.....</u> (28) <u>.....</u> 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.					

Revised by Columbia, Columbia, S. C.