(1) PLACE OF BIRTH

County of Greene

Township of Greene

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43038

Registration District No. 2209 Registered No. .....
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Ruth Sizemore

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 26 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edd A Sizemore

(9) PRESENT POSTOFFICE OF FATHER 20 East St Monroe

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Greenville Co

(13) OCCUPATION Card Room Cotton Mill

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Roberts

(15) PRESENT POSTOFFICE OF MOTHER 20 East St Monroe Mill

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION H W

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 40 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J M Wheeler

(24) State whether Physician or Midwife Mid

(25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Jan 7 1916 (28) A H Mackey
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.

N. 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.

McCaw, of Columbia.

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.