

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

OF

(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

Registration District No. 2205

File No. - For State Registrar Only

4023

Registered No. 15

(For use of Local Registrar)

Ward

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) And Parents Married

(7) DATE OF

BIRTH (Name of Month) (Day) (Year)

MOTHER.

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

(17) AGE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature)

(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 Feb 27 19 1911 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

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