

(1) PLACE OF BIRTH

County of AndersonTownship of Harlem

Inc. Town 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

File No.—For State Register Only

34671

Registration District No. 315Registered No. 99

(For use of Local Registrar)

2) Full Name of Child Edith Lee

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? ?(7) DATE OF BIRTH 4/12/14 58
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Brown?(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Ill.(13) OCCUPATION Mail Clerk(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. J. B. Bussell(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Ill.(19) OCCUPATION —(20) 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 born at Greenville S.C. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)(23) (Signature) [Signature](24) State whether Physician or Midwife (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 mark)

(27) Filed Dec. 23

(28)

(29) J. L. Hoey
(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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