

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.
Cay. of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Grove

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 Registrar Only

43069

Registration District No. 2310 Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child Betsy Dennis

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

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 7

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Henry Dennis

(9) PRESENT POSTOFFICE OF FATHER

Greenville #6

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Betsy Madden

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House work

(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 at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna K. McHenry

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Midwife Piedmont

Given name added from a supplemental report

191

Registrar

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

(27) Filed Dec 15 1915 (28) S. A. Dennis 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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