

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

REGISTRATION DISTRICT

34096

County of Greenville

City of Greenville

Town of Greenville

Day of February

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

Registration District No. 4205

Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child James Earl

If child is not yet named, make appropriate entry as directed

(3) Sex of Child Male

(4) Age of Child 9

(5) Date of Birth 199-22

(6) Father's Name Samuel

(7) Mother's Name Evie

(8) Color of Child White

(9) Place of Birth Domestic

(10) Address of Child Greenville SC

(11) Name of Physician or Midwife Domestic

(12) Name of Child's Mother Evie

(13) Name of Child's Father Samuel

(14) Number of children born to mother, including present birth 2

(15) Number of children of the father 2

## CERTIFICATE OF ATTENDING PHYSICIAN

(16) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(17) (Signature) Dr. J. H. Williams

(18) State whether Physician or Midwife Physician

(19) Address of Physician or Midwife Greenville, S. C.

Give name added from a supplemental report

(20) Witness

(Signature of Witness necessary only when question 20 is signed by mark)

(21) Date Nov. 8

(22) Local Registrar W. L. Williams

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.