

N. E.—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 2.

(1) PLACE OF BIRTH

County of Greenville

Township of Oakes

or
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

Registration District No. 2213 Registered No. 100
(For use of Local Registrar)

(2) Full Name of Child Lester L. Lovell

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 29, 1911</u> (Name of Month) (Day) (Year)
--	--	---	---	--

FATHER.		MOTHER.	
(8) FULL NAME <u>R. M. Lovell</u>	(14) NAME BEFORE MARRIAGE <u>Garnie Martin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Travelers Rest S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Travelers Rest S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(18) BIRTHPLACE <u>Transylvania S.C.</u>		
(13) OCCUPATION <u>Farm work</u>	(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive **at** 11:30 **P.M.,**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Jones

(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife**
Travelers Rest S.C.

Given name added from a supplemental report 191.....
Registrar

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

(27) Filed Jan 5 1912 **(28) 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.

Registrar | **(29) When** Jan 5 1912 **(30) 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.