

(1) PLACE OF BIRTH

County of GreenvilleTownship of 4or Inc. Town of Woodside M.or City of Greenville S.C.

(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. 42710 For State Registrar OnlyRegistered No. 405

(For use of Local Registrar)

(2) Full Name of Child Betty H. H. H.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 3

To be answered only in case of Twin or Triplet

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Raymond Edward H. H.

(14) NAME BEFORE MARRIAGE

Ellen Evelyn Sullivan

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Anderson S.C.

(18) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

trailer

(19) OCCUPATION

trailer

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. H. H. H. H.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered by mark)

(27) Filed

Dec. 1, 1921

(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.

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