

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. 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 5.

(1) PLACE OF BIRTH

County of Greenville
 Township of Butler
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
77231

Registration District No. 2202 Registered No. 72
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Raymond Forest (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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 11, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Anderson Forest

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R#2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 67 (Years)

(12) BIRTHPLACE Tayon N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary DeYoung

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R#2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 46 (Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Charity Means

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R#2

Given name added from a supplemental report

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

(27) Filed Oct 10 1916 (28) W. W. White 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.

ar Only

cc. far

Ward

make rected

b. ar

organ

R.

24

A. M., or P. M.)

Midwife

R#2

Registrar

return