

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

No. 28.—for State Registrar Only

28246

Registration District No. 2. A. A.

Registered No. 287

(For use of Local Registrar)

(No. 287 St. 1 Ward)

(2) Full Name of Child

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

(3) Sex or Color	(4) Twin or Triplet	(5) Number in order of birth	(6) Age of Parent Married	(7) DATE OF BIRTH
Male		1	45	Sept 28
To be covered only in case of Twin or Triplet				

(8) FULL NAME OF FATHER		(9) NAME BEFORE MARRIAGE OF MOTHER	
E. J. Meekins		Ethel Thomas	
(10) PRESENT POSTOFFICE OF FATHER		(11) PRESENT POSTOFFICE OF MOTHER	
Fen		Fen	
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY
W	41	W	35
(16) BIRTHPLACE	(17) OCCUPATION	(18) BIRTHPLACE	(19) OCCUPATION
Roberson Co. N.C.	Contractor Bldg	Marion N.C.	Dom
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth		
9	7		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) L. H. Amis (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept. 15, 1923 (28) P. A. Brigham 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.