

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville
 (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.—For State Registrar Only
26321

Registration District No. 2209A Registered No. 310

(For use of Local Registrar)

(No. 6 Greene St.; Ward Ward)

(2) Full Name of Child

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> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4/17/12</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert L. Tartem</u>			(14) NAME BEFORE MARRIAGE <u>Essie Roberts</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greene</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greene</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>U.C.</u>		(18) BIRTHPLACE <u>U.C.</u>		
(13) OCCUPATION <u>Lumber</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 8 P. M. on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) 1912 Registrar (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.