

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
N. B.—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 Austin  
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

File No.—For State Registrar Only

4309

Registration District No. 2200 Registered No. 29  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR  
GIRL

(4) Twin  
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married?

Yes

(7) DATE OF BIRTH Feb 9, 1913  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER.

(8) FULL NAME Arthur D. Fleming

(9) PRESENT POSTOFFICE OF FATHER Greenville SC #8

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE  
MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

(14) NAME BEFORE MARRIAGE Ruth Vaughan

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC #8

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

March 10, 1913

(28) L. P. Richardson  
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.

before the fifth month of pregnancy.