

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		22374	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
Inc. Town of <u>Polkville</u>		State Board of Health			
City of <u>Polkville</u>		Registration District No. <u>2209A</u>		Registered No. <u>222</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. <u>35-4-1</u>		St.; Ward)	
(2) Full Name of Child <u>Pat Humes</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6-12-28</u>	
To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>H. A. Walden</u>			(14) NAME BEFORE MARRIAGE <u>Ann Bisher</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>H. wife</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Truck Driver</u>			(19) OCCUPATION <u>Wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1136 A.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Phys.</u>					
(25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19..... Registrar			(27) <u>[Signature]</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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