

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 Greenville  
OR  
Inc. Town of West Greenville  
OR  
City of

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

File No.—For State Registrar Only  
**64565**

Registration District No. 2209 Registered No. 306  
(For use of Local Registrar)  
(No. 779 Perry Ave 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 Etrudis Chiles

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 11 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Barksdale Chiles  
(9) PRESENT POSTOFFICE OF FATHER 779 Perry Ave Greenville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Go  
(13) OCCUPATION Market Man  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rosa Hendrick  
(15) PRESENT POSTOFFICE OF MOTHER 779 Perry Ave Greenville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Pickens Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. J. Chiles

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report

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

(27) Date June 29 1916 (28) A. N. Mackley 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.

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