

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

of Columbia.

(1) PLACE OF BIRTH **Grenville** **CERTIFICATE OF BIRTH**
 County of **Grenville** STATE OF SOUTH CAROLINA.
 Township of **Grenville** Bureau of Vital Statistics
 or **Grenville** State Board of Health
 Inc. Town of **Grenville** Registration District No. **22 A** Registered No. **305**
 City of **Grenville** (No. **312 House St**) (For use of Local Registrar)
 (If birth occurs in a Hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
72865

(2) Full Name of Child **Malcolm Erlene Shady** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **girl** (4) Twin or Triplet? **X** (5) Number in order of birth **X** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **12/16**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Jessie Hughes Shady**
 (9) PRESENT POSTOFFICE OF FATHER **Grenville D.C.**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **22** (Years)
 (12) BIRTHPLACE **Lincoln Co N.C.**
 (13) OCCUPATION **Conductor N.Y.**
 (20) Number of children born to mother, including present birth **Two**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Anna Belle Holliday**
 (15) PRESENT POSTOFFICE OF MOTHER **Grenville D.C.**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **19** (Years)
 (18) BIRTHPLACE **Grenville County**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth **Two**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **13** months old at **12:20** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Charles P. ...**
 (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Grenville, S.C.**

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **...**
 (27) Filed **Aug 3** 1916 (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.