

## (1) PLACE OF BIRTH

County of Greenville,...Township of Greenville,...OR  
Inc. Town of Greenville,...OR  
City of Greenville, S.C. (No. 289 Markley St.)

(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

89945

Registration District No. 289 Registered No. 450

(For use of Local Registrar)

City of Greenville, S.C. (No. 289 Markley St.)(2) Full Name of Child Not yet named 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 12/1/16 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jim Davis(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Charlotte, N. C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Smith(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Abbeville, S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. Alive at 11 P. M. (Born alive or dead) (Hour or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician. Greenville, 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 Dec 1 1916 (28) [Signature] 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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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia