CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
56041

(1) PLACE OF BIRTH
County of Greenville
Township of Butler
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)

Registration District No. 2207 Registered No. 40
(For use of Local Registrar)

(No.) ..... St.) ..... Ward)

(2) Full Name of Child Claude Giles

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	Twin	First	yes	April 19 (Month) (Day) 1916 (Year)

(Is twin or triplet living or dead?)

FATHER.

(8) FULL NAME: M G King
(9) PRESENT POSTOFFICE OF FATHER: Greenville R 4
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Greenville Co
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Mamie Granger
(15) PRESENT POSTOFFICE OF MOTHER: Greenville R 4
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 27 (Years)
(18) BIRTHPLACE: Greenville Co.
(19) OCCUPATION: House Wife
(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 4.45 P. M. on the date above stated.
(Born alive or stillborn) (Specify A. M. or P. M.)

(23) (Signature) J. A. McAbee M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Greenville R 2

Given name added from a supplemental report ..... Ref. to .....

..... Registrar

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

(27) Filed May 9 1916 (28) W. E. Wilkins Jr.
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 sixth month of pregnancy.

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.
McCaw, of Columbia.