

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Greenville STATE OF SOUTH CAROLINA.
 Township of Greenville Bureau of Vital Statistics
 Inc. Town of Greenville State Board of Health

File No.—For State Registrar Only
46302

Registration District No. 22-8 Registered No. 3
 (For use of Local Registrar)
 City of Greenville (No. 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 Myrtle Thomas { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 18 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>R. F. Thomas</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Gaston</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Beck Mason</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville SC

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 2/2 1916 (28) J. H. White 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.

Registrar I Local Registrar
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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.

FORM 100-1
 THIS FORM IS PREPARED FOR THE
 STATE BOARD OF HEALTH, THE
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