

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of

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

File No.—For State Registrar Only
64648

Registration District No. 2304 Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child Send Lord Wise St.; Ward) (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 To be completed only in case of Twin or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mc Wise
(9) PRESENT POSTOFFICE OF FATHER Greenville SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Edgfield Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Brown
(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Spartanburg SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John S. ...
(24) State whether Physician or Midwife (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 July 10 1916 (28) S. R. Brady 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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WHEN THIS FORM IS USED IN CONNECTION WITH THE REGISTRATION OF BIRTHS, THE FOLLOWING INSTRUCTIONS SHOULD BE OBSERVED: (1) THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. (2) IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE MOTHER OF COLUMBIA. FIRST-BORN N. NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.