(1) PLACE OF BIRTH

County of Greenville.

Township of .....

or

Inc. Town of Piedmont

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
56007

Registration District No. 22 C Registered No. 25
(For use of Local Registrar)

(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. Jream Askew { 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 (Name of Month) (Day) (Year)
Girl	No	1	Yes	May 9 1916

(Is the information only in event of Twins or Triplets)

FATHER.	MOTHER.
(8) FULL NAME O. K. Askew	(14) NAME BEFORE MARRIAGE Alberta Cooper
(9) PRESENT POSTOFFICE OF FATHER Piedmont	(15) PRESENT POSTOFFICE OF MOTHER Piedmont
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Greenville	(18) BIRTHPLACE N. C.
(13) OCCUPATION Rail Road work	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 1	(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 alive on the date above stated. at 7 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. W. Campbell M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont

Given name added from a supplemental report

..... 1st.....

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark).

(27) Filed May 9 1916 (28) R. P. Phillips
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

Form No. 1.

Registrar's Certificate No.

Registration District No.

Primary Registration District No.

Registered No.

Date of Birth

Sex

Color

Full Name of Child

Name and Residence of Father

Name and Residence of Mother

Name and Residence of Informant

Date Received by Registrar

Signature of Registrar

Primary Registration District No.

Registered No.

Date of Birth

Sex

Color

Full Name of Child

Name and Residence of Father

Name and Residence of Mother

Name and Residence of Informant

Date Received by Registrar

Signature of Registrar

Physicians, midwives, householders, etc., should make this return. Information and blanks will be furnished by the Registrar. Any person who refuses or neglects to furnish such information as he possesses concerning any birth, or who knowingly furnishes false information, shall be guilty of a misdemeanor.