CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
62945

(1) PLACE OF BIRTH
County of Anderson
Township of "
or
Inc. Town of "
or
City of Anderson (No. 33 Power St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3A Registered No. 210
(For use of Local Registrar)

(2) **Full Name of Child** Grace Voyles

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
girl			yes	June 27, 1916

FATHER.

(8) FULL NAME James J. Voyles
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Franklin Co Ga.
(13) OCCUPATION Mill Operative
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Cheek
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:06 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Smethurst M.D.
(24) State whether Physician or Midwife: M. D.
(25) Address of Physician or Midwife: Anderson 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 .....191.... (28) .....
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 Local Registrar

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McCaw, Manufacturing Stationer, Columbia
WHITE Must be filled in with INK—PRINT in a SUPPLEMENTS use a SIGNATURE BLANK for each child, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SIGNATURE BLANK for each child, and mark the
FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.