

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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 8.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville.....
Township of Greenville.....
or
Inc. Town of Greenville.....
or
City of Greenville.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
42929

Registration District No. 22. A Registered No. 472
(For use of Local Registrar)
St. 1st. Ward)
(No. 215, Spall St.)

(2) Full Name of Child Not yet named.

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

(3) BOY OR GIRL? Boy. (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/22/15 (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Charles Haroldyl
(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Austria-Hungry.
(13) OCCUPATION Tailor.
(14) Number of children born to mother, including present birth Three.....

MOTHER
(14) NAME BEFORE MARRIAGE Cecil Huff.
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Greenville, S. C.
(19) OCCUPATION Housewife.
(21) Number of children of this mother now living, including present birth Three.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was E. Alive, at 1.05 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Elva Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report
191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) File Dec 27 1915 (28) E. Smith 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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