

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCary, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or Town of Deep Mill
 or City of Deep Mill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64556

Registration District No. 2209 Registered No. 797
 (For use of Local Registrar)
 (No. 12 Smith 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

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) <u>Parents married</u>	(7) DATE OF BIRTH <u>6-4-1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie P. Dempsey</u>	(14) NAME BEFORE MARRIAGE <u>Alice Harbrough</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>12 Smith</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>N.C.</u>	(18) BIRTHPLACE <u>N.C.</u>			
(13) OCCUPATION <u>Clark</u>	(19) OCCUPATION <u>house</u>			
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report
 _____, 191_____
 _____ Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) James H. Mackey 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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