

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of Greenville S.C.		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		90003	
Township of .....		Registration District No. 22 A		Registered No. 514	
Inc. Town of .....				(For use of Local Registrar)	
City of .....		(No. 124 - Hampton 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				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Dec. 20, 1916 (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME O. A. White			(14) NAME BEFORE MARRIAGE Emily Murphy		
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.			(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.		
(10) COLOR OR RACE White			(16) COLOR OR RACE White		
(11) AGE AT LAST BIRTHDAY 30 (Years)			(17) AGE AT LAST BIRTHDAY 28 (Years)		
(12) BIRTHPLACE Anderson S.C.			(18) BIRTHPLACE Pickens S.C.		
(13) OCCUPATION Motorman on P. & N. Ry.			(19) OCCUPATION House wife		
20 Number of children born to mother, including present birth two ten			21 Number of children of this mother now living, including present birth four		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) [Signature]					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19 .....			(27) Filed Jan. 6, 1917		
Registrar			(28) C. L. 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.					

MEGAW OF COLUMBIA, COLUMBIA, S. C.