

(1) PLACE OF BIRTH

County of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40-82

Township of Greenville

or

Inc. Town of

or

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 22 A Registered No. 45

(For use of Local Registrar)

(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?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 21 14 19

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John W. Wain(9) PRESENT POSTOFFICE OF FATHER Vardys Mills(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 3

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Mill worker(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa Gindly(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 7 A M. 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

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 14 191 6(28) [Signature]

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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WITHIN THE STATE OF SOUTH CAROLINA, I, the undersigned, being a duly qualified Registrar of Births and Deaths, do hereby certify that the foregoing is a true and correct copy of the original record as the same appears in the books of the Bureau of Vital Statistics, State Board of Health, at the City of Columbia, South Carolina.

McGraw, of Columbia