

WRITE 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of Greenville

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

42930

Registration District No. 22

Registered No. 470

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Baby Deanne

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

(3) BOY OR GIRL? m

(4) Twin or Triplet? ✓

(5) Number in order of birth

Is he supposed only in case of twins or triplets

(6) Are Parents Married? ✓

(7) DATE OF BIRTH Dec. 22, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reginald Clifford Deanne

(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Patrolman

(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Ella Weston

(16) PRESENT POSTOFFICE OF MOTHER Greenville S. C.

(17) COLOR OR RACE W

(18) AGE AT LAST BIRTHDAY 38

(Years)

(19) BIRTHPLACE S. C.

(20) OCCUPATION sew

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 A. 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)

(27) Filed Dec 23, 1915 (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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