

## (1) PLACE OF BIRTH

County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. - For State Register

1775

Registration District No. 220Registered No. 105  
(For use of Local Registrar)(No. 105... Levin St. City...)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, see supplemental report on question 23

## (2) Full Name of Child

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Age at birth 3y (7) DATE OF BIRTH 6-16-1919  
 (Name of month) (Day) (Year)

## FATHER.

(8) FULL NAME William McNeillie Side(9) PRESENT POSTOFFICE OF FATHER 105 So. St. City(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Photographer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Van Goudig(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION housework(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 on the date above stated. (Born alive or stillborn) (Hour & min. of day)(23) (Signature) John B. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by a midwife)

(27) File No. 105 (28) John B. Smith Local Registrar19  
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.

Registrar

Local Registrar

before the fifth month of pregnancy.

Form No. 1. THE OTHER, No. 2, etc., in question 1.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
 See also columns, Columbia, S. C.