

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only

43052

or
 Inc. Town of Registration District No. 2-20-9 Registered No.
 or
 City of Greenville (No. 4-7 St. Madison (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Jackson Souell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1915
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Andrew J. Souell
 (9) PRESENT POSTOFFICE OF FATHER Greenville City
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Spartanburg Co.
 (13) OCCUPATION Weaver
 (20) Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Clara Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Spartanburg S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) C. H. ...
 (24) State whether Physician or Midwife (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) Filed Dec 20 1915 (28) A. H. Mackley 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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11.—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 1.
 W.R. N. I. McCaw, of Columbia