

MARGIN RESERVED FOR BINDING.
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

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|--|-------------------------------------|---|---------------------------------------|--|
| County of <u>Greenville</u> | | STATE OF SOUTH CAROLINA. | | 42925 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>22</u> | | Registered No. <u>477</u> | |
| or | | | | (For use of Local Registrar) | |
| City of <u>Greenville</u> | | (No. <u>257</u> <u>Nanny</u> | | St. <u>2nd</u> Ward | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Innelle Capers Donkle</u> | | | | | |
| (3) BOY OR GIRL? <u>Girl</u> | | (4) Twin or Triplet? <u>No</u> | | (5) Number in order of birth <u>1</u> | |
| | | (6) Are Parents Married? <u>Yes</u> | | (7) DATE OF BIRTH <u>Dec 1st 1915</u> | |
| | | | | (Name of Month) (Day) (Year) | |
| If child is not yet named, make supplemental report as directed | | | | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Luc Langston Donkle</u> | | | (14) NAME BEFORE MARRIAGE <u>Rennie Maude Heems</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) | | |
| (12) BIRTHPLACE <u>Rome Ga</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (13) OCCUPATION <u>Supt. Cotton Compress</u> | | | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | | |
| (18) BIRTHPLACE <u>Rome Ga</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>One</u> | | | (21) Number of children of this mother now living, including present birth <u>One</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:10 A.M.</u> on the date above stated. (Hour A.M. or P.M.) | | | | | |
| (23) (Signature) <u>Emmett Sparkman</u> | | | | | |
| (24) State whether Physician or Midwife <u>Physician</u> | | | | | |
| (25) Address of Physician or Midwife <u>Greenville, S.C.</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) | | | | | |
| (27) Filed <u>Jan 7 1916</u> (28) <u>C. E. Smith</u> 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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