

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FURST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCall, of Columbia.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Greenville State Board of Health
 or
 Inc. Town of Registration District No. 2209 Registered No. 553
 or (For use of Local Registrar)
 City of Green Springs (No. 297 Beckett St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85836

(2) Full Name of Child. Ansel Alexander { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 27 21
(To be answered only in case of Twins & Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. L. Sheppard
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Merchant
 (14) Number of children born to mother, including present birth {

MOTHER.
 (14) NAME BEFORE MARRIAGE Peace
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE N. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1030 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 Physician (25) Address of Physician or Midwife Greenville, S.C.

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 6 6 1921 (28) A. H. Mackay 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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