

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		85817	
Township <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>2209</u>		Registered No. <u>519</u>	
or				(For use of Local Registrar)	
City of <u>17 Bryan St. Greenville</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>F</u>		(4) Twin or Triplet?		(5) Number in order of birth	
				(6) Age <u>Years</u> <u>Months</u> <u>Days</u>	
				(7) DATE OF BIRTH <u>Nov 4</u> <u>6</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Clark</u>			(14) NAME BEFORE MARRIAGE <u>Birde Collins</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>W.</u>		(11) AGE AT LAST BIRTHDAY <u>20</u>		(16) COLOR OR RACE <u>W.</u>	
		(Years)		(17) AGE AT LAST BIRTHDAY <u>23</u>	
				(Years)	
(12) BIRTHPLACE <u>Tennessee</u>			(18) BIRTHPLACE <u>Tennessee</u>		
(13) OCCUPATION <u>Mill Work</u>			(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth { <u>1</u>			(21) Number of children of this mother now living, including present birth { <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child <u>born alive</u> <u>10 A.</u> <u>M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. W. Farnell</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			(27) Filed <u>Nov 8</u> <u>1916</u> (28) <u>a H. Moore</u> Local Registrar.		
..... 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.

fifth month of pregnancy.