

(1) PLACE OF BIRTH

County of GreenvilleTownship of Austinor
Inc. Town of —or
City of —

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49,110

Registration District No. 2208Registered No. 29

(For use of Local Registrar)

St.: — Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Franklin(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. R. 70#4(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Walker(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C. R. 70#4(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was slung at 11:30 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. B. Black(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/9 1916(28) L. L. Richardson

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.

FORM NO. 1
WHEN PLAINLY, WITH UNFADING INK, IN 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

FAR.

If

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