

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 5.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of Woodsboro
or
City of Woodsboro
(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
64564

Registration District No. 2209
Registered No. 305
(For use of Local Registrar)

(2) Full Name of Child Emilia Marie Joylor

St. _____ Ward _____
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 10 6
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Franklin Joylor
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mill operator
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Nattie J. Spiller
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 131 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. H. Spiller
(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) June 29, 1916 (28) C. H. Spiller
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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