

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

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

72989

Registration District No. 2209 Registered No. 400

(For use of Local Registrar)

(No. Near Poe Mill St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>August, 10, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. K. Moss(9) PRESENT POSTOFFICE OF FATHER Greenville Co. S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)(12) BIRTHPLACE York Co. S. C.(13) OCCUPATION Furniture Repair(20) Number of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Beckenridge(15) PRESENT POSTOFFICE OF MOTHER Greenville Co. S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Madison Ga.(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 alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 109 Pinckney St.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness A. H. Massey (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 15, 1916 (28) A. H. Massey 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.