

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 6.
 McCaw, of Columbia

(1) PLACE OF BIRTH **Greenville**
 County of **Greenville** STATE OF SOUTH CAROLINA.
 Township of **Greenville** Bureau of Vital Statistics
 State Board of Health
 Inc. Town of **Greenville** Registration District No. **2209** Registered No. **556**
 or (For use of Local Registrar)
 City of **Greenville** (No. **48**) 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
85839

(2) Full Name of Child **Amos LeRoy Wooten** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? No	(7) DATE OF BIRTH 11 15 6 (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME Forest Wooten	(14) NAME BEFORE MARRIAGE Percy Wooten			
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 7th St 48 Woodside	(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 7th St 48 Woodside			
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE W	(17) AGE AT LAST BIRTHDAY 21 (Years)	
(12) BIRTHPLACE N.C.	(18) BIRTHPLACE SC			
(13) OCCUPATION Null obedient	(19) OCCUPATION Housewife			
(20) Number of children born to mother, including present birth 1	(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 **Born** at **11:30 a** M.,
 on the date above stated. (Both live or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) **Charles W. D.**
 (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Greenville, S.C.**

Given name added from a supplemental report 191....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) **W. H. Mackey** 191 **6** (28) **a H Mackey** 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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