

WHEN McCaw, of Columbia, N. C., is used, use separate blank for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

County of Greenville
Township of Chick Springs
OR
Inc. Town of
OR
City of
(If birth occurs in a hospital or other institution, name of same instead of street and number.)
Registration District No. 2204
Registered No. 64506
St. Ward
(For use of Local Registrar)

(2) Full Name of Child
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	(6) Are Parents Married? yes	(7) DATE OF BIRTH June 16 1916
FATHER.				MOTHER.
(8) FULL NAME John Walter Brown				(14) NAME BEFORE MARRIAGE Nancy Elizabeth Grayson
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.				(15) PRESENT POSTOFFICE OF MOTHER Same
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 32	(16) COLOR OR RACE Black		
(12) BIRTHPLACE Greenville Co. S.C.	(13) OCCUPATION Farmer	(17) AGE AT LAST BIRTHDAY 23		
(20) Number of children born to mother, including present birth 2		(21) Number of children of this mother now living, including present birth 2		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 7:25 P.M. on the date above stated.
(23) (Signature) [Signature]
(24) State whether Physician or Midwife M.D.
(25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report
(26) Witness [Signature]
(27) Filed 6/30 1916 (28) [Signature] 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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