

WAIT  
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.  
N. B.—McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville  
or  
Inc. TOWN of  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
43043

Registration District No. 2209 Registered No. 107  
(For use of Local Registrar)  
St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ray Anderson Jensen child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth .....  
(6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Chas. Quinn  
(9) PRESENT POSTOFFICE OF FATHER Greenville  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Spartanburg Co.  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Lillie Bryant  
(15) PRESENT POSTOFFICE OF MOTHER Greenville  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Spartanburg Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:15 A.M. on the date above stated.  
(Hour A. M. or P. M.)

(23) (Signature) W. Eugene Brown  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
9/10 1916  
Wm. J. Jensen  
Super Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Full name ..... 1916 (28) .....  
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.

Registrar ..... Local Registrar .....  
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