

(1) PLACE OF BIRTH

County of Greenville Co.

Township of Butler

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

49524

Registration District No. 2202

Registered No. 17

(For use of Local Registrar)

St.: ..... Ward:

(2) Full Name of Child. George Elford Painter

If 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

Feb. 6 1914

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Alexander McInnes

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville Mo #1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Mahel Painter

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville Mo #1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

Housewife

(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 at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) B. F. McInnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville S.C. Mo #1

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/8 1914

(28)

T. A. Jones

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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