

ALWAYS FURNISH TO THE REGISTRAR A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 5.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of Greenville
or
City of Greenville
(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
46298

Registration District No. 22 A Registered No. 31
(For use of Local Registrar)
(No. 606 E North St.; 2 Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(8) FULL NAME <u>Cadwallader Jones Poole</u>				(14) NAME BEFORE MARRIAGE <u>Katherine Rowley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>
(10) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>about 50</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>about 35</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>				(18) BIRTHPLACE <u>Greenville, S.C.</u>
(13) OCCUPATION <u>Mechanical Shoes</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>				(21) Number of children of this mother now living, including present birth <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 30 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) H. T. Grandall MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
224 W. Main Street

Given name added from a supplemental report	(26) Witness
..... 191	(Signature of Witness necessary only when question 23 is signed by mark)
..... Registrar	(27) Filed <u>Feb 9</u> 191 <u>6</u> (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

Filed August 31 1942 M.B. Woodward, M.D.
Registrar.