

(1) PLACE OF BIRTH

County of GreenvilleTownship of Bates

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
64480Registration District No. 2.201Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child

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? (7) DATE OF BIRTH June 25 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Greer Moody(14) NAME BEFORE MARRIAGE Bertha Cession(9) PRESENT POSTOFFICE OF FATHER Marionetta SC(15) PRESENT POSTOFFICE OF MOTHER Marionetta SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S. C.(18) BIRTHPLACE S. C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Stoud(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marionetta SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia