

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Marlboro,.....
 Township of Smithville,...
 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
73949

Registration District No. 3306.. Registered No. 79.....
 (For use of Local Registrar)

(No. 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 Clide Greems, { If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 28, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Greems

(9) PRESENT POSTOFFICE OF FATHER Osborne, N.C.

(10) COLOR OR RACE White, (11) AGE AT LAST BIRTHDAY 25.....
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 4.....

MOTHER.

(14) NAME BEFORE MARRIAGE Colley Chavis

(15) PRESENT POSTOFFICE OF MOTHER Osborne, N.C.

(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 22.....
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Work

(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... alive, at 4 P..... M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Steel
 (24) State whether Physician or Midwife Midwife, N.C. (25) Address of Physician or Midwife Osborne, N.C.

Given name added from a supplemental report

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 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed AUG. 12, 1916.. (28) W. H. Priest
 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.