

(1) PLACE OF BIRTH

County of Greenville
 Township of Fair

OR
 Inc. Town of Registration District No. 2207 Registered No. 18
 OR
 City of (No. St.; Ward)
 (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

72972

(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? yes (7) DATE OF BIRTH Aug. 10, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles W. White
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. #4
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mill operative
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Wiggin
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C. #4
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S.C.
 (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 alive at 3 9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Hendrix
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. Greenville, S.C.

Given name added from a supplemental report

..... 191.....
 Registrar

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

(27) Filed Aug 12, 1916 (28) E. B. Hendrix
 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.

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.
 McCaw of Columbia.