

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.

(1) PLACE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Waterfalls - State Board of Health  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ Registration District No. 2204

File No.—For State Registrar Only  
64500

Registered No. X9  
 (For use of Local Registrar)

(2) Full Name of Child Gene Walter Daugherty (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6, 8, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Gene Daugherty</u>	(14) NAME BEFORE MARRIAGE <u>Maud Fowler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville #4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville #4</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(18) BIRTHPLACE <u>SC</u>
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Earnest</u>	(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

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 9/21 1916 (28) [Signature] 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.