

McCaw, of Columbia
 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
 Township Greenville
 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
4638

Registration District No. 2209 Registered No. 35
 (For use of Local Registrar)
S. H. Piscoe, Sr. No. 1000 St. 1000 Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE
(13) OCCUPATION	(14) NAME BEFORE MARRIAGE <u>Essie Tompkins</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>36</u>
(18) BIRTHPLACE	(19) OCCUPATION <u>Sewing</u>	(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	(22) BIRTHPLACE <u>Lawrens County S.C.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born 12:20 P. M., on the date above stated. (From this 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 Feb 1, 1916 (28) A. H. Mackay 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.