

(1) PLACE OF BIRTH

County of *Spaulding*Township of *"*In Town of *Wrayton*City of *"*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66335

Registration District No. *4008* Registered No. *391*

(For use of Local Registrar)

If child occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child

YVEER

If child is not yet named, make supplemental report as directed

SEX

(4) Twin or Triplet?

(5) Number in order of birth

Is answered only in case of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH *June 29* 191*6*

Name of Month (Day) (Year)

FATHER.

Full Name *John R. Greer*Present Postoffice of Father *Wrayton Mills*Age at Last Birthday *34* (Years)Birthplace *Spaulding County*Occupation *Farmer*Number of children born to mother, including present birth *Six (6)*

MOTHER.

(14) NAME BEFORE MARRIAGE *Fannie McChes*(15) PRESENT POSTOFFICE OF MOTHER *Spaulding*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Spaulding County*(19) OCCUPATION *Wife + Milkmaid*(21) Number of children of this mother now living, including present birth *Four (4)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *at* (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. W. Boyd*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Spaulding

Given name added from a supplemental report

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

(27) Filed *July 2 1916* (28) *W. F. Parker* 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.

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