

(1) PLACE OF BIRTH

County of Greenwood

Township of Greenwood

or
Inc. Town of Greenwood

City of Greenwood

(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

64651

Registration District No. 2344 Registered No. 90

(For use of Local Registrar)

(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? 0 (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH June 25, 1916
To be associated only in event of Twins or Triplets
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Parker Smith

(14) NAME BEFORE MARRIAGE Phillie Powers

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(15) PRESENT POSTOFFICE OF MOTHER Greenwood

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Greenwood

(18) BIRTHPLACE Greenwood

(13) OCCUPATION Hotel Waiter

(19) OCCUPATION domestic work

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

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 6/25 at 12:37 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Henderson, M.D.

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

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 July 10, 1916 (28) S. R. B. W. H. 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.

Registrar [Signature] Local Registrar [Signature]

*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.

McCaw, of Columbia, S. C.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia, S. C.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia, S. C.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the