

(1) PLACE OF BIRTH

County of Greenville

Township of Danville

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.)  
Registration District No. 2275 Registered No. 44 St.; ..... Ward

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**64512**

(2) Full Name of Child Jane Milton Lines

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

|   |  |   |                                    |  |
|---|--|---|------------------------------------|--|
| (3) <del>BOY</del><br>or<br><del>Girl</del> | (4) Twin or Triplet? <input checked="" type="checkbox"/> | (5) Number in order of birth <u>1</u><br><small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>June 22 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
|---|--|---|------------------------------------|--|

**FATHER.**

(8) FULL NAME Milton Lines

(9) PRESENT POSTOFFICE OF FATHER Fountain Inn 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Greenville Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ethel Thompson

(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn 3 S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE Greenville Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Dr. W. A. Ross, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer 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) Filled June 25 1916 (28) C. D. Smith 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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WHILE PLAINLY, WITH LEADING INC.—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.