

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PRELIMINARY REPORT.—  
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 8.  
McGraw, of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		12976	
Township of <u>Rutherford</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....	Registration District No. <u>22.02</u>	Registered No. <u>100</u>		(For use of Local Registrar)	
or					
City of .....	(No. .... St.; .... Ward)				
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>William Hayward Green</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u>	
				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>William Green</u>	(14) NAME BEFORE MARRIAGE <u>Philips</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. R<sup>2</sup></u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. R<sup>2</sup></u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>—</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>—</u> (Years)		
(12) BIRTHPLACE <u>Greenville Co</u>	(18) BIRTHPLACE <u>Greenville Co</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</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 <u>alive</u> at <u>1:20</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Hildner</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Greenville S.C. R<sup>2</sup></u>					
Given name added from a supplemental report					
<u>June 8, 1916</u>					
<u>W. H. Hildner</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan. 9, 1916</u> (28) <u>W. H. Hildner</u> 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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