

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—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.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Oak LowOR  
Inc. Town ofOR  
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

85868

Registration District No. 2212Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Henry De Witt If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in case of Twins or Triplets(6) Are  
Parents  
Married?(7) DATE OF BIRTH Nov 10  
(Name of Month) (Day) 1916  
(Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth5

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY 33  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 20 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Ross

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
RelgerGiven name added from a supplement-  
tal report19116

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Nov 10 19116(28) W. A. Ross  
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.