

WHITE PLAIN, 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.

McCauley, of Columbia.

(1) PLACE OF BIRTH

County Greenville
Township Greenville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85823

Registration District No. 2209 Registered No. 540
(For use of Local Registrar)
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

(3) BOY OR GIRL? M. (4) Twin or Triplet? (5) Number in order of birth (6) Age 1 (7) DATE OF BIRTH Nov. 15
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Harry Stoncupher (14) NAME BEFORE MARRIAGE Ernie Quice
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19
(12) BIRTHPLACE Ga (18) BIRTHPLACE Roswell Ga
(13) OCCUPATION Mechanic (19) OCCUPATION House Work
(20) Number of children born to mother, including present birth 1 (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 born alive at 9:15 A. on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 30 1916 (28) A. H. Mackay 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.