

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 2.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of

or

City of Greenville, S.C. (No. 1536 Pendleton,

(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

12031

Registration District No. 22.4

Registered No. 469

(For use of Local Registrar)

St. Fifth Ward

(2) Full Name of Child Ruth Orr

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 22/15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles S. Orr

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Henderson Co. N.C.

(13) OCCUPATION Pay-master Carolina Cotton Mills

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

(14) NAME BEFORE MARRIAGE Hester Orr

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE Henderson Co. N.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 2:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Greenville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 22 1915 (28) [Signature] 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.

\*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.