

MARKING RESERVED FOR BINDING.
 WHILE PLAINLY, WITH UNFOLDING 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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 OR
 Inc. Town of R.R. No. 1
 OR
 City of R.R. No. 1
 (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
 77324

Registration District No. 2209 Registered No. 481
 (For use of Local Registrar)

(2) Full Name of Child Posey Clinton Huff If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 19 22 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clinton C. Huff
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R.R. No. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Greenville S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Domie Martin
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 18 S.W. St.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE P.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. J. [unclear]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville 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) [Signature]
 (27) Filed Oct 6 1916 (28) A. H. Mackey 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. before the fifth month of pregnancy.

FORM NO. 8. 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 Greenville
 Township of Greenville
 Inc. Town or City of Bronckow
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2209 Registered No. 481
 (No. 18 Isles) (For use of Local Registrar)

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

File No.—For State Registrar Only
77324

(2) Full Name of Child. Nellie May Burgess { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1
To be answered only in event of twins or triplets (6) Are Parents Married? yes (7) DATE OF BIRTH 1919, 22, 16
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John W. Burgess
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 18 Sw. St.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Years)
 (12) BIRTHPLACE Isa
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Monie Martin
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. 18 Sw. St.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)
 (18) BIRTHPLACE Isa
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, 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) Filed Oct 6 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. before the fifth month of pregnancy.