

WHEN PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N.E.—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 1.
M.H. McCaw, of Columbia

(1) PLACE OF BIRTH

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

42918

Registered No. 484
(For use of Local Registrar)

St.: _____ Ward: _____

(2) Full Name of Child Jas. William P. Driskman

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 5 1918
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. C. Driskman

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Marion Wilson

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Greenville, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Greenville, S.C. 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 Greenville, S.C.

Given name added from a supplemental report

(26) Witness [Signature]

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

(27) Filed Jan 1 1919

(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.

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