

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 STATE OF SOUTH CAROLINA.
Township of Greenville Bureau of Vital Statistics
or Inc. Town of Greenville State Board of Health
or City of Greenville

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
43032

Registration District No. 2209 Registered No. 1834
(For use of Local Registrar)
City of Greenville 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? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 30, 1911</u> (Name of Month) (Day) (Year)
FATHER				MOTHER
(8) FULL NAME <u>Joe Wilbanks</u>				(14) NAME BEFORE MARRIAGE <u>Robert Siegle</u>
(9) PRESENT POSTOFFICE OF FATHER <u>8-34 Ave. Greenville</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Room</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(13) OCCUPATION <u>mill</u>		(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Room</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) (Signature) Dr. H. H. H. H.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report
191
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) 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.