

N. H.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		89984	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Greenville, S.C.</u>		Registration District No. <u>22</u>		Registered No. <u>493</u>	
or				(For use of Local Registrar)	
City of <u>Greenville, S.C.</u>		(No. <u>219 S. Main</u> St.; <u>H. H.</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mary Nell Hoffee</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 1916</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas F. Hoffee</u>			(14) NAME BEFORE MARRIAGE <u>Mary M. Hill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(12) BIRTHPLACE <u>Chadwell Ga.</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	(18) BIRTHPLACE <u>Greenwood, S.C.</u>
(13) OCCUPATION <u>Undertaker</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>G. Alvin</u> at <u>12:25</u> <u>PM</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>		(24) State whether <u>Physician or Midwife</u>		(25) Address of Physician or Midwife <u>Physician, Greenville, S.C.</u>	
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>		(27) Filed <u>Dec. 19, 1916</u> (28) Local Registrar <u>[Signature]</u>	

*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.