

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.

(1) PLACE OF BIRTH

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

Registration District No. 3A

Registered by .....  
 (For use of Registrar only)

(2) Full Name of Child Lemuel Greer

(3) ~~Boy~~ OR GIRL? .....  
 (4) Twin or Triplet? .....  
 To be answered only in event of Twins or Triplets

(5) Number in order of birth .....  
 (6) Are Parents Married? Yes

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

**FATHER.**  
 (8) FULL NAME P. A. Greer  
 (9) PRESENT POSTOFFICE OF FATHER Anderson  
 (10) COLOR OR RACE White  
 (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Mill  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Fannie Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE White  
 (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Ga  
 (19) OCCUPATION Household  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. B. Thomas  
 (24) State whether Physician or Midwife .....  
 (25) Address of Physician or Midwife .....

Given name added from a supplemental report .....  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed) CRAYTON,  
 (27) Filed ..... 19 ..... (28) ANDERSON

\*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.