

MAILED 1-17-16
GREENVILLE, S. C. 1-17-16
N. H.—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 8.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville,.....

Township of Greenville,....

Inc. Town of
or
City of Greenville, S. C. (No. 103, Purcumb St.)

(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
46275

Registration District No. 22 A Registered No. 6

(For use of Local Registrar)
St.; 1st Ward

(2) Full Name of Child Not yet named.

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

(3) BOY OR GIRL <u>Boy.</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/13/16</u> <small>(None of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>N. C. Keeler.</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Barton.</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> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville, County.</u>	(16) COLOR OR RACE <u>White.</u>
(13) OCCUPATION <u>Conductor, St. Ry. Co.</u>	(17) AGE AT LAST BIRTHDAY <u>25.</u> <small>(Years)</small>
(20) Number of children born to mother, including present birth <u>Two.</u>	(21) Number of children of this mother now living, including present birth <u>Two.</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Sallie Barton.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>
(16) COLOR OR RACE <u>White.</u>	(17) AGE AT LAST BIRTHDAY <u>25.</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Greenville, County.</u>	(19) OCCUPATION <u>Housewife.</u>
(20) Number of children born to mother, including present birth <u>Two.</u>	(21) Number of children of this mother now living, including present birth <u>Two.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alive 11.30 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Bell
(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 Jan 13 1916 (28) C. E. Smith Local Registrar.

*When there was no attending physician or midwife then the father, housewife or other person should report this birth to the fifth month of pregnancy.

fifth month of pregnancy.