

FORM NO. 4 MARGIN RESERVED FOR BINDING G.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 **CERTIFICATE OF BIRTH**

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Greenville State Board of Health
 or
 Inc. Town of Registration District No. 2709 Registered No. 463
 or
 City of (No. Park Place St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
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(2) Full Name of Child Charlie Keans { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1
To be answered only in case of twins or triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep. 11 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. W. Keans
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Greenville S.C.
 (13) OCCUPATION Textile
 (20) Number of children born to mother, including present birth { 1 }

MOTHER.
 (14) NAME BEFORE MARRIAGE Hettie Davidson
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Greenville S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. J. Walker
 (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) Filed Sep 28 1916 (28) A. N. Mac Coy 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.

MC