

WR N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 M. I McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.
 McCaw

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Pae Mill
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43051

Registration District No. 2209 Registered No. _____
 (For use of Local Registrar)
 (No. 5-9 Church 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 George Winston Pettit 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH—Aug. 12, 1911
(None of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charles W. Pettit
 (9) PRESENT POSTOFFICE OF FATHER 5-9 Church St Pae Mill
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)
 (12) BIRTHPLACE Spartanburg Co., S.C.
 (13) OCCUPATION mill overseer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Seila Angeline Newman
 (15) PRESENT POSTOFFICE OF MOTHER 5-9 Church St Pae Mill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)
 (18) BIRTHPLACE Spartanburg Co., S.C.
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. J. Gile
 (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 _____ 191_____
 _____ 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.