

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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		43051	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Pae Mill</u>		State Board of Health			
City of		Registration District No. <u>2209</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>5-9 Church</u> )		(For use of Local Registrar)	
(2) Full Name of Child <u>George Winston Pettit</u>		St.: _____		Ward: _____	
(3) BOY OR GIRL? <u>boy</u>		(4) Twin or Triplet? _____		(5) Number in order of birth _____	
(6) FULL NAME <u>Charles Walter Pettit</u>		(7) DATE OF BIRTH <u>Aug. 12, 1911</u>		(8) Are Parents Married? <u>Yes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>5-9 Church St Pae Mill</u>		(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>30</u>	
(12) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		(13) OCCUPATION <u>mill overseer</u>		(14) NAME BEFORE MARRIAGE <u>Seila Angeline Newman</u>	
(15) PRESENT POSTOFFICE OF MOTHER <u>5-9 Church St Pae Mill</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>34</u>	
(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		(19) OCCUPATION <u>housewife</u>		(20) Number of children of this mother now living, including present birth <u>4</u>	
(21) Number of children born to mother, including present birth <u>4</u>		(22) I hereby certify that I attended the birth of this child, who was born <u>born alive</u> at <u>7 a</u> M., on the date above stated.		(23) (Signature) <u>C. J. Gile</u>	
(24) State whether Physician or Midwife <u>physician</u>		(25) Address of Physician or Midwife <u>Greenville S.C.</u>		(26) Witness _____	
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